

ONSET CAMPGROUNDS
C/O Barbara Porter
PO Box 944
Onset, MA 02558

MUDDY COVE RETREAT CENTER REQUEST

PLEASE CALL FOR AVAILABILITY OF ROOMS OR SUITE

Arrival Date: _____ Departure Date: _____
Name: _____ Tele. No.: _____
Mailing Address _____

Facilities Requested:

___ Single Room:
 No. of days ___ X \$65 per night = _____ X No. of rooms ___ = _____
 No. of weeks ___ X \$400 per week = _____ X No. of rooms ___ = _____

Options:

___ Handicap room (1 ea.)
___ Adjoining rooms (2 sets)

___ Suite (1 ea.):
 No. of days ___ X \$75 per night = _____
 No. of weeks ___ X \$500 per week = _____

TOTAL _____

BALANCE DUE _____

Make all checks payable to: ONSET BOARD OF TRUSTEES

Signature: _____ Date: _____

All rules and regulations are posted in each building.

The Onset Campgrounds shall not be liable for any personal injury or damage to license's property in, or about the premises if said damages or personal injury are alleged to be the fault of or caused by the negligence or carelessness of the Onset Campgrounds.

Weeks are Sunday through Saturday. Weekends are Friday and Saturday nights.

Check in time is 3:00pm. Checkout time is 11:00am.

Housing is not reserved unless a deposit of one half the rent accompanies this signed and dated form ONE MONTH prior to the arrival date requested.

Any questions call (508) 295-5504 Barbara Porter (Email) thermometerman@aol.com