***Black Mountain Retreat Center***

**GROUP EVENT RENTAL AGREEMENT Part 2  
Please complete and send to BMRC to arrive 14 days before event**

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| **1) ACCOMMODATION & MEETING ROOMS**  **Final Estimate of Numbers (pls see Rental Terms for if actual numbers are below this estimate) Note required minimum of 12 in Tara House or 16 in Manzanita, or equivalent combination thereof** | | | | | |
| *(This information is needed for bed configurations)* | | No. of  people | From | To | Price set in RA1 |
| **Tara House Suite (max 2 adults + infant)** | |  |  |  |  |
| **Tara House Private Rooms (max. 15 people)**  ……… single occupancy  ………..double occupancy, 2 twin beds  ………..double occupancy, 1 double/queen bed | |  |  |  |  |
| **Little Oak Bedroom (1-3 people) (WINTER ONLY)**  ……... single occupancy  ………double occupancy (1 double)  ……….triple occupancy (1 twin, 1 double) | |  |  |  |  |
| **Manzanita Rooms (max. 60 people)** | |  |  |  |  |
| …… women using BMRC bedding / …. bringing own bedding  …… men using BMRC bedding / …. bringing own bedding  …….. couples: \_\_\_ using BMRC bedding / \_\_\_ own  …….. children (6-11yrs): \_\_\_ BMRC bedding, \_\_\_ own | |
| **Live Oak Conference Room (max. 100)** | | |  |  |  |
| **Redwoods Meeting Room (max. 40)** | | |  |  |  |
| **Tara House if not renting all TH bedrooms -- Living Room Only (max 8)** | | |  |  |  |
| **Tara House Kitchen if not renting all TH bedrooms (seats 10 around the table)** | | |  |  |  |
|  | | | | | |
| **2) CATERING AND CHECK-IN/CHECK-OUT** | | | | | |
| Date and time of GROUP’s first meal: | Date and time of GROUP’s last meal: | | | | |
| Date and time of STAFF’s first meal (if different): |
| GROUP check-in time: | GROUP & STAFF check-out time: | | | | |
| STAFF check-in time (if different): |
| ***Please attach a schedule for your program, including info about any early arrivals/set-up.*** | | | | | |

Rental Agreement Part 2 (2021 version)

p1 of 4

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| **Optional Extras:** *(must be ordered ahead of time or we cannot guarantee price/availability)* **Welcome snack buffet:** (check for set-up charge) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birthday cake: (**sheet cake serving …… people**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| ***PLEASE COMPLETE LIST ON PAGE 4 FOR DETAILS OF VEGAN NUMBERS, ALLERGIES OR MEDICAL CONDITIONS REQUIRING SPECIAL DIETS.*** | | |
|  | | |
| **3) RENTAL ITEMS & SERVICES**  Some items may require an extra security deposit. Please call/email BMRC for more info. *(*✔*if required)* | | |
| Tables - pls specify: 4ft (2), 6 ft (4) or 8 ft (4) -- free |  | # and size: |
| Folding chairs -- free |  | # |
| Floor cushions (including 3 backjacks) -- free |  | # |
| Public Address System -- $25/day |  | From: to: |
| Television and VCR -- $20/day |  | From: to: |
| Puja benches -- $20/event |  | From: to: |
| Camp-fire set-up and wood – $ (dependent on weather conditions) |  | Date/s: |
|  | | |
| **4) MEDICAL/MOBILITY ISSUES** | | |
| In case of emergency or evacuation, BMRC staff need to know who is mobility-impaired, where they are staying, and who their assigned emergency assistant is. Please list any such guests here (attach an extra piece of paper if needed) and on arrival inform us of their room number. All details are kept strictly confidential. | | |
|  | | |
| **5) NIGHT-TIME GROUP CONTACT PERSON (required)** | | |
| The person responsible for meeting the group’s late-night arrivals at BMRC and acting as nighttime emergency contact person is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . They will arrive on time to become familiar with the property layout, when necessary will remain on duty to receive guests arriving after 8pm, and will introduce him/herself to group members on the first day of the event. They are staying in room \_\_\_\_\_\_\_\_ | | |

Rental Agreement Part 2 (2021)

p2 of 4

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| **CALCULATION OF CHARGES**  **ACCOMMODATIONS *PER DAY***  Tara House private rooms single occupancy ….. people @ $........... /day = $ \_\_\_\_\_\_\_\_  Tara House private rooms double occupancy ….. people @ $............/day = $ \_\_\_\_\_\_\_\_  Tara House suite (max 2 adults) ..........people @ $\_\_\_\_\_\_/day = $ \_\_\_\_\_\_\_\_  Manzanita Rooms \_\_\_\_\_\_ people bringing own linens @ $\_\_\_\_\_\_/day = $\_\_\_\_\_\_\_\_\_  Manzanita Rooms \_\_\_\_\_\_ people using BMRC linens @ $\_\_\_\_\_\_/day = $ \_\_\_\_\_\_\_\_\_  Little Oak Room (with \_\_\_\_\_\_occupants) @ $\_\_\_\_\_\_/day = $ \_\_\_\_\_\_\_\_  **ACCOMMODATIONS subtotal PER DAY: $\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CHARGES *FOR WHOLE EVENT***  **a) Accommodations** for whole event: $\_\_\_\_\_\_\_\_\_\_\_ (from line ↑) X \_\_\_\_ days = $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **b) Meeting spaces:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(room) @ $\_\_\_\_\_\_/day = $ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(room) @ $\_\_\_\_\_\_/day = $ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(room) @ $\_\_\_\_\_\_/day = $ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(room) @ $\_\_\_\_\_\_/day = $ \_\_\_\_\_\_\_\_\_\_\_  **c) Charges for guests not attending full event, or staying extra days:**  Tara House private rooms (single occupancy) \_\_\_\_ days @ $\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_  Tara House private rooms (double occupancy) \_\_\_\_ days @ $\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_  Little Oak private room (\_\_ occupants) \_\_\_\_ days @ $\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_  Manzanita rooms (no linens) \_\_\_\_ days @ $ \_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_  Manzanita rooms (w linens) \_\_\_\_ days @ $ \_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_  **d) Other charges,** eg rental items/services/meat:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTALS FOR WHOLE EVENT, MINUS RESERVATION DEPOSIT**  **TOTALS of a) + b) + c) + d) =** $ \_\_\_\_\_\_\_\_\_\_\_\_  **MINUS** reservation deposit already paid **--** $\_\_\_\_\_\_  **EQUALS BALANCE DUE OF .….. $\_\_\_\_\_\_\_\_\_\_\_**  **FINAL PAYMENT IS DUE BEFORE OR UPON ARRIVAL. Checks are payable to ‘*PPI*’.**  ***(For credit card payment, please call us on 707 632 5629).*** |
| **Received with thanks by Black Mountain Retreat Center**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Copy made by BMRC and returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please scan this Rental Agreement to* [*reservations@blackmountaincenter.com*](mailto:reservations@blackmountaincenter.com) *or mail to: Black Mountain Retreat Center, 23125 Fort Ross Road, Cazadero, CA 95421.*

Rental Agreement Part 2 (2021 version)

p3 of 4

*BMRC is managed by the Padmasambhava Peace Institute, a 501(c)(3) educational non-profit organization*.

**APPENDIX -- SPECIAL DIETS**

*Please see section 6 of our ‘Terms & Policies’ regarding catering, surcharges and special diets*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VEGETARIAN GROUP:** # of ovo-lacto vegetarians **\_\_\_\_\_** # of vegans: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NON-VEGETARIAN GROUP:** # of meat-eaters \_\_\_\_\_ (must be more than 1/3 of group total, or min. 8 people)   
 # of ovo-lacto veg.: \_\_\_\_\_\_   
 # of vegans: \_\_\_\_\_\_

**SPECIAL DIETARY RESTRICTIONS for either group**: (We regret that we cannot cater to diets based on personal preference, only those based on allergies or medical conditions)

Please give each person’s **full name,** if you are requesting **meat** for them**,** and their **condition/allergy**, eg diabetic, coeliac, etc. WARNING – we may not be able to accommodate a peanut allergy – please check in about this. If someone has more than one allergy, please write them all down! Use other side if you need more space. Thank you very much!

Rental Agreement Part 2 (2021 version)

p4 of 4