

RESERVATION FORM

Client Name: _____ Telephone: _____

Address: _____

_____ Postal Code _____

In consideration of the payment of \$1,000.00 for suite style:

1st Choice _____ 2nd Choice _____

The Wedgewood will retain my name as a potential resident of The Wedgewood. The Wedgewood cannot guarantee that I will be provided with my choices; however, it will place me on a waiting list and provide me with my choices as determined by dates received.

I understand that this deposit will be applied against my 1st month rent when I move into The Wedgewood under the terms of a tenancy agreement to be entered into by me. In the event, that If I decide not to become a resident of The Wedgewood, within a reasonable time of signing this reservation form, my deposit will be fully refunded, without interest, at the address noted above.

Client Signature _____ Date _____

For Office Use Only:

Suite Reserved: _____ Date Deposit Received _____

Accepted by _____ Lease signed _____

Comments: _____



BROCKVILLE'S PREMIER RETIREMENT RESORT
15 Market Street East, Brockville, Ontario K6V 0A6
Tel: 613.342.9800 • Fax: 613.342.9881
Email: info@retirementresort.ca • www.retirementresort.ca