SHORT TERM LEASE

I _____
Please print name of responsible party

agree to lease the Florida property located at 8005 Acadia Estates Court, Kissimmee, FL 34747 on the dates listed. I agree to maintain the property in good condition and I will be responsible for any and all damage to the property beyond normal wear and tear. I have listed all the people who will occupy the premises and I agree to be responsible for any and all damage caused by them. I understand that no pets are allowed. I understand that the owners are not responsible for any personal items left in the home during or after your stay, nor are the owners responsible for any cancellations due to the weather. I understand that appliances, air conditioner, pool heater and amenities are not guaranteed and refunds will not be given due to breakdown. I understand that the owner will do their best to present a perfect home and repair any problems as soon as possible. **I have read the rental and cancellation policy and agree to all the terms.**

Renters:_____
Signature of responsible party

Please make checks payable to:

John Giacobbe
259 New Brooklyn Road
Williamstown, NJ 08094

Reservation Form

Arrival Date_____DepartureDate_____

Address_____
(street, city, state. zip)

Home Phone_____Cell_____E-Mail_____

Names of All Adults_____

Names and ages of All Children_____
(please use reverse if necessary)

Check-in - 4:00 PM ***Check-out - 10:00 AM***

Rental _____$_____

Florida Tax 13%_____$_____

Total_____$_____

Please Check one:

- ○ I prefer a $500.00 refundable security deposit.
- ○ I prefer a $49.00 non-refundable premium for $1500.00 of accidental damage Insurance.