



NATIVE DAUGHTERS of the GOLDEN WEST HOME
 555 Baker Street (near Fulton), San Francisco, CA 94117
 Phone: 415-921-2664
 Email: Home@NDGW.comcastbiz.net

RESERVATION FORM

NDGW members may REQUEST ROOM RESERVATIONS by guaranteeing payment for the first night's stay at the Home for each reserved bed. Please send this completed form and your check(s) to: NDGW Home, Home Manager, 555 Baker St., San Francisco, CA 94117, Or you may provide this information by telephone (415) 921-2664 or e-mail Home@NDGW.comcastbiz.net and then mail your guaranteeing payment. A reservation confirmation is necessary and will be provided via phone, email or mail.

A 24-hour (noon of the prior day) cancellation notice is required to negate your pre-paid guarantee. If you will be arriving later than your estimated time of arrival (ETA), please call the above number. **Checkout time is 11:00 am.**

The NDGW Home Committee and/or its employees have the right to refuse a reservation to a member and/or guest or to terminate their stay. **Guests must be age 12 years or older. (Rev. 2015) Guests may stay no more than 6 consecutive nights without prior approval of the Home Committee (see NDGW Committee Policies, NDGW Home Committee, #7, page 31, second paragraph).**

Member NAME _____ Parlor _____

Address _____
 (Street number and name, city, zip code)

Phone: (____) _____ Emergency Phone: (____) _____

Cell Phone (____) _____ E-mail _____

DATE OF ARRIVAL _____ ETA _____ am/pm
 (Estimated Time of Arrival)

LENGTH OF STAY nights _____ (5 nights maximum)

Names of members who will accompany me: _____

Names of guests who will accompany me: _____

My accommodation preferences: Single room w/bath Room ____ Double room w/bath ____
 Double room and single room connecting w/shared bath ____ IF AVAILABLE I would prefer room number(s): _____, _____

****Specific room requests may not be available. If rooms with a bath are not available, a room without a bath will be designated.****

RATES Members: \$35.00 per night
 Non-member guests: \$50.00 per night (guests must be accompanied by a member)

Make checks payable to: NDGW Home

of Checks enclosed: _____ Total of all enclosed checks: \$ _____

By my signature below, I agree to abide by the Home Rules (NDGW Committee Policies, Page 32, Section 11, House Rules), and I understand that I am responsible for the conduct of myself and my guest(s) while in the Home. I agree to my liability and will pay for any damage to the Home including, but not limited to, damage to the facility, furniture, linens, appliances, and equipment that is caused by me or my guest(s) while I am/we are on the premises.

 Member's **SIGNATURE** and **GUARANTEE**

DATE