



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 deposit to: NDGW Home, Home Manager, 555 Baker Street, San Francisco CA 94117. You may also provide reservation information by phone (**415-921-2664**) or email (**home@NDGW.comcastbiz.net**), and then mail your guaranteeing payment. You must obtain a confirmation, which you will receive by phone, email, or postal mail.

A 24-hour cancellation notice (noon of the day before your reservation) to void your guaranteed payment. If you will be arriving later than your estimated time of arrival (ETA), please call 415-921-2664. 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 12 year or older. All requests for an extended stay six or more consecutive nights **MUST** be requested in writing to the NDGW Home Committee (NDGW Committee Policies, page 27, number 5).

Member Name _____ Parlor _____

Address (Street, City, Zip) _____

Mobile Phone _____ Emergency Phone _____

Additional Phone _____ Email _____

Date of Arrival _____ Estimated Time of Arrival _____ AM PM

Length of Stay _____ (6 night max without prior approval)

Names of Accompanying Members _____

Names of Accompanying Guests _____

Accommodation Preferences Single Room with Bath Double Room with Bath

Double Room + Single Room with Shared Bath Preferred room number(s) if available _____

Please note that specific room requests may not be available. Also, if rooms with a bath are available, a room without a bath will be assigned.

RATES Members: \$35/night Non-Member Guests: \$50 night (guests must be accompanied by a member)

Make checks payable to NDGW Home. Because the NDGW Home operates as a Non-Profit Organization, payment must be made by the member(s) only, not by non-member guests.

of Checks Enclosed _____ Total Amount of All Enclosed Checks _____

By my signature below, 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 SIGNATURE and GUARANTEE

Date