



**NATIVE DAUGHTERS of the GOLDEN WEST HOME**  
 555 Baker Street (near Fulton), San Francisco, California 94117  
 Phone: 415-921-2664  
 Email: ndhome@ndgw.org

## RESERVATION FORM

NDGW Members may REQUEST ROOM RESERVATIONS by guaranteeing payment for the first night's stay at the NDGW Home for each reserved bed. You may provide this information by telephone (415) 921-2664 or email [ndhome@ndgw.org](mailto:ndhome@ndgw.org) or by completing this form, and then mailing your check(s) to: NDGW Home, 555 Baker St., San Francisco, California 94117. Credit card payments, including a processing fee, are also acceptable payment options.

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 number noted above. **Check-in time is 3:00 PM and check-out time is 11:00 AM.**

The NDGW Home Committee and/or the NDGW Home Staff 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) **All guests must be accompanied by Member at all times during their stay at the NDGW Home. Members and their guests may stay no more than 5 consecutive nights without prior approval of the Home Committee (see NDGW Committee Policies, NDGW Home Committee, #5, page 28, 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: \$45.00 per night  
 Non-member guests: \$60.00 per night (guests must be accompanied by a Member, at all times.)

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 29, Section 9, 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**