

# Summer Inn Reservation Request Form

\*Name: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Date(s) Requested: \_\_\_\_\_

Alumni Association Member: YES / NO      Membership #: \_\_\_\_\_

\*Required

ROOM TYPE	# OF ROOMS		# OF NIGHTS		COST	TOTAL COST	
Double Room		x		x	\$109	=	\$
Single Room		x		x	\$85	=	\$
<b>TOTAL</b>							\$
*Deposit							\$
Balance							\$

**\*A deposit of one (1) night's stay is due upon making the reservation.  
The remaining balance will be due upon or before check-in.**

Please charge \$ \_\_\_\_\_ to VISA/MC # \_\_\_\_\_ Exp. \_\_\_\_\_  
Name on card \_\_\_\_\_

I've enclosed check number # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to: UC Regents, Summer Inn

**Guest Names:**

Last	First
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____