

# Summer Inn Reservation Request Form

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

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

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

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

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

**\*Date(s) Requested:**  
 Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

UCSB 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	=	\$
TOTAL							\$
*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.**

**Guest Information:**

Last Name	First Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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