



The Chalet

24719 San Moritz Dr. Lake Gregory, CA 92325 714-720-6813

www.lestonnacchalet.com

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Contract

Contact Person: _____ Email: _____

Name: **First:** _____ **Last:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (B) () _____ Fax: () _____

(H): () _____ Mobile: () _____

Sponsoring Group: _____

Attendees:

Arrival (Date/Time) _____

Departure (Date/Time) _____

Deposit: (20% non-refundable deposit should be returned with a copy of the contract to secure your reservation).

Balance: Due immediately upon arrival.		Final head count due one week prior to retreat*		
2 nights = 3 days	Rate	Persons (each)	# of Rooms	Amount
*Double Occupancy				
*Single Occupancy				
*Director's Room				
Commuter Fee (as arranged)				
Meals				
				Sub-Total:
				Minus Paid Deposit:
				Balance due: