



39300 De Portola Road Temecula, CA 92591 951-302-5571

www.vinadelestonnac.com Email: pat@vinadelestonnac.com

____/____/____

Contract

Contact Person:

Name: First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

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

Sponsoring Group: _____

Attendees:

Conference Room: 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.

Rates	Final head count due one week prior to retreat*			
	Rate	Persons (each)	# of Rooms	Amount
2 nights = 3 days				
*Double Occupancy				
*Single Occupancy				
*Director's Room				
Commuter Fee (as arranged)				
Additional Meals				
Breakfast	\$10.00			
Lunch	\$10.00			
Dinner	\$10.00			
Sub-Total:				
Minus Paid Deposit:				
Balance due:				

Retreat Coordinator

Contract Person