



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

Name of Group/Organization: \_\_\_\_\_

Parish/Diocese: \_\_\_\_\_

Other: \_\_\_\_\_

### Contact Person:

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

Phone: (B) ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

(H): ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

**Reserve These Days:** WEEK-DAY(s) (circle) **M T W R F** TIME: From: \_\_\_\_\_ To: \_\_\_\_\_

WEEK-END: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ How many are attending? \_\_\_\_\_

# Sgl: \_\_\_\_\_ #Dbl: \_\_\_\_\_ Dir Room: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Arrival (Time): \_\_\_\_\_ Departure (Time): \_\_\_\_\_

Meals: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ #Meals: \_\_\_\_\_

### Financial Agreement:

Date Negotiated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Negotiated: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Reservation taken by: \_\_\_\_\_

### Comments:

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