



39300 De Portola Road
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Temecula, CA 92591 951-302-5571
Email: vinadelestonnacretreat@gmail.com

Contract

Contact Person: _____ Date: ___/___/___

Name: First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

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

Email: _____

Group Name: _____

Number of Attendees: _____

Conference Room: _____ / _____
Arrival (Date/Time) Departure (Date/Time)

Deposit: (20% non-refundable deposit and a copy of the contract due 6 months prior to arrival to secure your reservation).

Balance: Due immediately upon arrival.

Room Requirements

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

Retreat Coordinator

Contract Person