

Padres @ Giants Reservations Request Form

1 Form per Room- Please print except where a signature is requested

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ Email _____

(2nd Person) Last Name _____ First _____

(3rd Person) Last Name _____ First _____

(4th Person) Last Name _____ First _____

Single- \$695 x 1 = \$ _____ 1 Bed _____ 2 Beds _____

Double- \$575 x 2 = \$ _____ Special Requests/Needs _____

Triple- \$550 x 3 = \$ _____ _____

Quad- \$525 x 4 = \$ _____ _____

Additional Night(s) Call to Request _____

Payment: 50% Deposit is required at time of reservation. The remaining 50% is due 7/1/10. All Deposits are non-refundable unless we have a waitlist and can sell your reservation. Trip Insurance: You may want to consider Trip Insurance which is available through our website. Ultimate Sports Adventures acts only as an independent agent for suppliers of goods and services and shall not be held liable for actions, errors, omissions, or negligence on the part of any suppliers, which result in any loss, damage, accident, delay, inconvenience or irregularity which may be occur for any reason. The agents reserve the right to make any changes to the package as necessary. Refunds for any games not played due to rain or any other natural cause will be at the sole discretion of the San Francisco Giants policies. If initial deposit is made with credit card, the remaining amount due will be automatically charged to the same credit card on 7/1/10 unless prior arrangements are made. Ultimate Sports Adventures accepts Credit Card and Personal or Business Checks. Disability: If you have any specific needs, you are responsible to notify Ultimate Sports Adventures in writing so we may make the requested arrangements for you. Airline reservations: Once made, any changes or cancellations may result in surcharges/penalties. Ground transportation to/from AT&T Park is not included.

I am paying with a Check _____ I am using Credit Card # _____

CC Expiration Date _____ Security Code # _____

(If CCard) Name as it appears on CCard _____

Billing Address (if different than above) _____

City _____ State _____ Zip Code _____

I/we have read, understand, and agree to all conditions, including cancellation policies, on this form.

Sign _____ Date _____

Mail to: Bruce Johnson, Ultimate Sports Adventures, 6549 Mission Gorge Rd #205, SD, CA 92120 or
Fax to: 619-564-3428 Bruce@UltimateSportsAdventures.com Phone: 619-270-2276