

## Padres @ Giants Part Deux (2) October 1-3 Reservations Request Form

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

(2<sup>nd</sup> Person) Last Name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

Single- \$750 x 1 = \$ \_\_\_\_\_ 1 Bed \_\_\_\_\_ 2 Beds \_\_\_\_\_

Double- \$575 x 2 = \$ \_\_\_\_\_ RT Air \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Special Requests/Needs \_\_\_\_\_

Additional Night(s) Call to Request \_\_\_\_\_

Payment: 60% Deposit is required at time of reservation. The remaining 40% is due 9/10/10. 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 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 9/10/10 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. Birthdate is required by the airlines/TSA.

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

