CRUISE IN RESERVATION

Requested Date	(s):			
Visiting Club Name				
Mailing Address				
City, State, Zip Code				
Contact Person				
Contact Person Address				
Contact City, State, Zip Code				
Contact Person Phone Number: Days () Evening: ()				
Cell: ()		Email Address		
Estimated # of Boats		_Arriving Date:	Time	Departing Date
Estimated RV's		Arriving Date:	Time	Departing Date
Estimated By C	ar	_Arriving Date:	Time	Departing Date
		Estimated numb	er of Meals	
Date:	Breakfast_	Lunch		
Date:	Breakfast_	Lunch	Dinner	
Date:	Breakfast_	Lunch	Dinner	
Yacht Club: (i.e	., Karaoke, DJ, L			when visiting Stockton
Visiting Club A	cceptance			_
Signature		Name	Title	Date

A deposit of one hundred dollars (\$100.00) made payable to the Stockton Yacht Club must accompany this reservation and will be applied to your cruise in charges. Full deposit refund is available if cancellation is received more than sixty (60) days prior to the scheduled cruise in date. Confirmation of the number of people and boats must be made seven (7) days prior to the scheduled cruise in date.

I will contact you about before your scheduled event to make detailed arrangements with you regarding meals and entertainment. If you have any questions, please feel free to contact me at any time.

Sincerely,
John Contreras
2021 Stockton Yacht Club Commodore