



Ramada Limited

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NEGOTIATED GROUP RATE REQUEST FORM

(Return this request form via fax or e-mail)

Group Name: _____ **Contact Person:** _____

Type of Group: ___ *Wedding* ___ *School* ___ *Sports* ___ *Tour* ___ *Other:* _____

Last date stayed with us: _____

Address: _____

Email: _____ **Fax:** _____

Hm. Phone: _____ **Wk. Phone:** _____

Arrival Date: _____ **Departure Date:** _____ **Days (circle):** M T W TH F SAT SUN

Total Rooms Requested: _____ **Total # of Nights:** _____

_____ **Group Paying** _____ **Individual Guests Paying**

Room Type:	# Requested:	# of Guests/ (Max.Occupancy)
<input type="radio"/> <i>King Standard:</i>	_____	_____ / (2)
<input type="radio"/> <i>Queen Accessible:</i>	_____	_____ / (2)
<input type="radio"/> <i>2 Queen Beds</i>	_____	_____ / (4)

Office Use Only:

	Regular Rates:	Negotiated Rates:
<input type="radio"/> <i>King Standard:</i>	_____	_____
<input type="radio"/> <i>Queen Accessible:</i>	_____	_____
<input type="radio"/> <i>2 Queen Beds:</i>	_____	_____