

*Please complete and fax this to us ten days prior to your arrival.*

*It is with these final numbers that your invoice will be computed.*

**MEETING PLANNERS CHECKLIST - PAGE 1 of 2 PAGES**

*(Revised 1/5/09)*

Group Name \_\_\_\_\_

Dates Reserved \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

Onsite Contact \_\_\_\_\_ Onsite Cell Telephone \_\_\_\_\_

Final # Overnight Guests \_\_\_\_\_ # of Women \_\_\_\_\_ # of Men \_\_\_\_\_

**Meeting Planner Checklist:**

**Check When Completed:**

- Sign and return the original "Reservation & Payment Contract. " \_\_\_\_\_
- Sign and return the "Statement of Responsibility." \_\_\_\_\_
- Deposit sent in by \_\_\_\_\_.
- Have Insurance Co. fax or mail "Certificate of Insurance." \_\_\_\_\_
- Give guests copies of "Policies for Ranch Use" & "Travel Directions." \_\_\_\_\_
- Upon arrival return all signed "Release & Waiver of Liability" forms. \_\_\_\_\_
- Complete & fax a copy of "Room Assignment Sheet." \_\_\_\_\_
- Is there anyone in your group who has special disabled needs? \_\_\_\_\_  
If so, what are those needs? \_\_\_\_\_
- Massage - Group Break Times are: \_\_\_\_\_

**CABIN & CONFERENCE ROOM ARRANGEMENTS**

*Please call a month ahead to determine which cabins & conference room you have been assigned*

Blue \_\_\_\_\_ Red \_\_\_\_\_ Orange \_\_\_\_\_ Green \_\_\_\_\_ Yellow \_\_\_\_\_

Regular Chairs \_\_\_\_\_ Floor Chairs \_\_\_\_\_ Pillows \_\_\_\_\_ Narrow or Wide Tables: \_\_\_\_\_

Equip. Needed: (See "Equipment Rental Information") \_\_\_\_\_

*Circle which conference room(s) you've been assigned & draw how you would like it arranged:*

<u>Casa Nueva</u>	<u>Casa Vista</u>	<u>Chapel</u>

**MEAL ARRANGEMENTS - PAGE 2 of 2 PAGES**

Group Name \_\_\_\_\_  
 Dates Reserved \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_  
 Meeting Planner \_\_\_\_\_ Telephone \_\_\_\_\_

**MEAL TIMES & FINAL HEAD COUNTS:**

Meal times are: Regular Breakfast - 8:00 A.M., Lunch - 12:30 P.M. and Dinner - 6:30 P.M. during daylight savings time and 6:00 P.M. during the rest of the year. **Please indicate how many participants will be eating each meal on the line provided.**

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
Date: _____	_____	_____	_____	_____	_____	_____	_____
Continental Breakfast _____	_____	_____	_____	_____	_____	_____	_____
Regular Breakfast _____	_____	_____	_____	_____	_____	_____	_____
Snack #1 _____	_____	_____	_____	_____	_____	_____	_____
Regular Lunch _____	_____	_____	_____	_____	_____	_____	_____
Snack #2 _____	_____	_____	_____	_____	_____	_____	_____
Appetizers _____	_____	_____	_____	_____	_____	_____	_____
Regular Dinner _____	_____	_____	_____	_____	_____	_____	_____

**ADDITIONAL FOODS:**

Item	When/Where	Cost
Continental Breakfast _____	_____	_____
Snack #1 _____	_____	_____
Snack #2 _____	_____	_____
Appetizers _____	_____	_____
Dessert _____	_____	_____
Beverages _____	_____	_____
BYO/Corkage charge _____	_____	_____

**FOOD REQUIREMENTS**

*Please indicate how many participants are...*

Regular Diets: \_\_\_\_\_ Vegetarians: \_\_\_\_\_ Vegans: \_\_\_\_\_ TOTAL: \_\_\_\_\_

**ADDITIONAL INFORMATION:**      *Special requirements or allergies...*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

