



Group Reservation Request Form

Today's Date: _____

Group Name: _____

Cruise Director: _____

Address: _____

Phone (hm): _____

Phone (wk or cell): _____

E-Mail: _____

Fax: _____

Reservation Date(s): _____

Number*
Of Boats: _____

*10 Max. on Wkends/Holidays (Fri – Sat)
15 Max. on Wkdays (Sun – Thurs)

Range Boat Sizes: _____

Number of
Nights: _____

Service Charge: For groups requesting advanced reservations, there is a \$10 per boat **NON-REFUNDABLE** service charge. To calculate service charge, simply multiply the number of boats by 10 and remit the total with your Reservation Request. We accept payment by check or credit card (Visa or Mastercard only).
NOTE: The service charge is in addition to, not subtracted from, berthing fees.

Total Payment Included: _____

Credit Card No:
(if applicable) _____

Expiration Date: _____

Mail: South Beach Harbor (Attn: Jon Wessel)
Pier 40A – The Embarcadero
San Francisco, CA 94107
Fax: 415-512-1351

SBH STAFF USE:

Date Received: _____

Confirmation Sent: _____

Sub-accounts created: _____

70 days: _____

Final Payment Due: _____