



## Reservation Form

We want this to be an outstanding vacation for you. The guest information you are asked to complete below will be provided to the crew of BajaSail.net so that they can plan for your arrival. Payment information is not provided to the crew.

### **1. Guest Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

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

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone # 2 \_\_\_\_\_ Fax # \_\_\_\_\_

Name and Address of Emergency Contact \_\_\_\_\_

Arrival Date \_\_\_\_\_ (must arrive at BajaSail.Net Sunday 12:00 P.M. – 4:00 P.M.)

### **2. Activity Input:**

Please rank the activities you wish to participate in during your vacation

10= most important 1= least important

Sailing \_\_\_ Snorkeling \_\_\_ Scuba \_\_\_ Swimming \_\_\_ Kayaking \_\_\_ Eco-Hiking \_\_\_

Sunning \_\_\_ Horse-back Riding \_\_\_ Beach volley ball \_\_\_ Island tours \_\_\_

Beachcombing \_\_\_ Hot spring visit \_\_\_ Shopping \_\_\_ Photo tours \_\_\_ Other \_\_\_

**3. Medical Condition:** ( information is confidential and is used in case of emergency)  
(Heart, Diabetes, Allergy etc.) \_\_\_\_\_  
\_\_\_\_\_

**4. Brief Bio:** ( a short bio describing who you are and what you would like your fellow travelers to know about you) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit this page by fax to 1-760-603-0569 or e-mail to [reservations@BajaSail.net](mailto:reservations@BajaSail.net) or mail BajaSail.net 2512 Luciernaga St. Carlsbad, CA 92009.

You may submit your reservation form any time, however your week will be booked only when we receive your initial deposit of \$300.00 per person. Make payments to BajaSail.net