

Fairmont
SAN FRANCISCO

HOLIDAY BOOKING FORM

Please Fax to: 415-772-5086 Attn: Laurel Court

Mr./Mrs./Ms. _____

Title/Company _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

- Function Types:**
- Holiday Tea (Weekends 1:30-4:30)
 - Thanksgiving (Nov. 26 3pm-8pm)
 - Christmas (Dec. 25 3pm-8pm)
 - New Years Eve

Desired Date(s): _____

Time(s): _____

Number of Guests: _____

Credit Card Type:

{Visa} {Mastercard} {Discover} {AMEX}

Credit Card Number: _____

Exp. Date _____

CCV: _____

IMPORTANT: A LEGIBLE COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD MUST ACCOMPANY THIS FORM IN ORDER FOR US TO GUARANTEE YOUR RESERVATION. PLEASE NOTE THERE IS A 72 HOUR CANCELLATION POLICY IN PLACE.