



TASTING AND TOUR GUIDELINES

Rick and the staff love to host friends old and new at the winery. We're open seven days, 11am-4:30pm (except major holidays) for individuals and groups fewer than eight.

- ❖ For individuals and groups fewer than eight people no reservation is required to taste. The fee is \$10 per person.

In order to accommodate groups of eight or more, the following policy applies:

- ❖ Groups of 8 to 16, reservations are required. The fee is \$25 per person (non-refundable) due at the time the reservation is requested. Appointments will be confirmed after payment is received, and this agreement is signed and returned to Amphora Winery.
- ❖ Groups of 16 or more, reservations are required. The fee is \$30 per person (non-refundable) due at the time the reservation is requested. Appointments will be confirmed after payment is received, and this agreement is signed and returned to Amphora Winery.

For our Wine Club members: member and one guest's fees are waived.

Guests requesting a group tasting/tour at Amphora please fill out, sign and return, by fax or mail, the following agreement:

I would like to schedule a group tasting/tour at Amphora Winery. I acknowledge that the non-refundable group tasting fees must be in paid in full at the time the appointment is requested, and have provided a credit card to be charged for the fees below, or have enclosed another form of payment. I am aware that our tasting/tour will NOT be confirmed until I have provided payment, and signed and returned this agreement. I agree to a 48 hour cancellation policy, and understand that cancellations less than 48 hours before the appointment are non-refundable. I understand that appointments are for approximately one hour and will be honored only up to thirty minutes beyond the scheduled time of the appointment.

Signature: _____ Date: _____

Number of people in group: _____ Requested date and time* of appointment: _____
(*Group appointments are scheduled from 11am-3pm)

I agree that my credit card (Visa/Mastercard only) will be charged for the group fees noted above.

Cardholder Signature _____ Date _____

Credit Card # _____ Expiration _____

Cardholder Name: _____

Card Billing Address: _____

City _____ State _____ Zip Code _____ Phone _____

Group contact: Name _____ Phone _____

Email _____

Please note: We will contact you to verify the receipt of this form and payment, and to confirm your appointment. Please contact us if you have any questions or special requests!