

FLEXIBLE RESERVATION REQUEST FOR 2018

NAME: _____
ADDRESS: _____
TELEPHONE: Home: _____ Cell: _____ Bus: _____
EMAIL: _____ **Deeded Unit/Week** _____

I WISH TO RESERVE:

<u>CHOICE</u>	<u>WEEK</u>	<u>HAVING DATES OF</u>	<u>UNIT</u>	<u>UNIT</u>	<u>UNIT</u>	<u>UNIT</u>
#1	_____	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____

I am going to exchange my week with II, RCI or some other exchange company.

YES: _____ NO: _____

I am going to put my week up for rent YES _____ NO _____

SIGNATURE: _____ DATE: _____

KEEP THE BOTTOM SECTION FOR YOUR RECORDS

- 1 Please remit a check for your fees and the top portion of this form so we may send you a written confirmation. Amount Billed \$ _____.
Paid: _____ Date: _____
- 2 Please remember your account balance must be paid in full prior to submitting your request.
- 3 If you are exchanging your week please remember you must have a confirmed unit and week assigned to you. Internal exchange rules apply, please contact our office with your request.
- 4 All requests received by November 15 will be considered to have been received at the same time.
- 5 There is a \$32 surcharge for **Flex Assignments** between weeks 46-50.
This charge will be invoiced to you **AFTER** your flex week is booked, but will be confirmed only after payment is received.

PLEASE SEND THE TOP PORTION OF THIS FORM BACK TO THE INNS OF WATERVILLE VALLEY
via

mail	PO BOX 411 WATERVILLE VALLEY, NH 03215
e-mail	frontdesk@innsofwatervillevalley.com
fax	603-236-4679

Thank you,
Gail