



P.O. Box 411
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FLEXIBLE RESERVATION REQUEST FOR 2024

For internal use only

Assigned: _____

Deeded: _____

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ CELL: _____

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	_____**	_____	_____	_____	_____	_____

**** Weeks 46-50 will be billed a \$42.00 winter surcharge. The charge will be invoiced to you AFTER your flex week is assigned but will be confirmed only after payment is received.**

I am going to exchange my week with II, RCI, or another exchange company

YES _____ NO _____

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

***You must submit an Authorization to Rent form (forms may be found on the Inns of Waterville Valley website)**

SIGNATURE: _____ DATE: _____