



# 2008 Flexible Use Reservation Request

Flex Time Ownership can be used during Weeks 17-51 & 1-2  
Booking begins on January 1, 2007

Owner Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State / Providence \_\_\_\_\_ Zip/Post Code \_\_\_\_\_  
Country \_\_\_\_\_ I Own Unit # \_\_\_\_\_ Week # \_\_\_\_\_ Owner # \_\_\_\_\_

*(Please refer to your Purchase Agreement or Deed for this information.)*

### Please check the appropriate box:

**I request accommodations for:**

1<sup>st</sup> choice: Week #: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
2<sup>nd</sup> choice: Week #: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
3<sup>rd</sup> choice: Week #: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Special Requests:** \_\_\_\_\_  
\_\_\_\_\_

**I wish to deposit my week with RCI. My RCI I.D. # is \_\_\_\_\_**

- **A \$15 Flex reservation fee has been included in your maintenance fee billing.**
- I understand that **CHECK IN** time is 3:00 p.m. or later and **CHECK OUT** time is prior to 10:00 a.m. on Saturdays.
- I understand that my maintenance fees are due January 1 and must be paid before occupancy.
- I understand there are no pets or boats allowed and R.V.'s must be less than 26 feet in length.
- You must request and receive confirmation one year to 10 days in advance of the week you desire. A new form must be submitted each year.
- A reservation request for a unit week in the Flexible Use period is on a space available basis only. There shall be no accrual or carry-over time from one year to the next, and specific unit numbers will not be confirmed or guaranteed.
- During the holiday periods, your use of flexible time is restricted; you may not use the same holiday period for two consecutive years. (If within 30 days of a holiday period the space remains unused, you may then be allowed this time.)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail or fax all copies to the address below, ATTN: Reservations.  
This request form must be completed for processing. Office use only.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Representative: \_\_\_\_\_

Confirmed Week # \_\_\_\_\_ Res #: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_