

Reservation Request Form

Name _____ *Unit/week Owned _____ Size _____

Address _____ 2nd Unit/Week Owned _____ Size _____

*Refer to your Purchase Agreement for ownership information

City/State _____ Zip _____

Email address _____ Daytime Phone # _____

Please list three different vacation weeks in the order of preference to OCCUPY with Plantation Island

1) Check-in Date _____

2) Check-in Date _____

3) Check-in Date _____

OR

Please deposit my week with: RCI _____ NHE _____ Other _____

Plantation Island weeks run from **FRI to FRI** for the **HI-RISE UNITS** and **SAT to SAT** for the **COURTYARD UNITS**

- CHECK-IN Time is 4:00PM, CHECK-OUT time is 10:00 AM
- A \$15 charge for cots or cribs for each week of rental, based up availability, Advance notice required.
- A \$15 charge for any change of reservation
- Cancellations must be made 15 days prior to check-in, or loss of usage will occur
- **ABSOLUTELY NO PETS ALLOWED**
- **MAINTENANCE FEES MUST BE PAID PRIOR TO PROCESSING THIS REQUEST**
- **ONE VEHICLE PER UNIT – NO MOTOR HOMES OR TRAILERS**

I have read and understand the above:

_____ Date _____