

VACATION VOUCHER

NAME: _____

DATE: _____ MEMBER # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ NIGHT: _____

E-MAIL: _____

MY 2 VACATION AREAS & DATES

#1 DESTINATION _____ DATE _____

#2 DESTINATION _____ DATE _____

UNIT SIZE _____ Studio _____ 1 BD _____ 2 BD _____ 3 BD

ADULTS _____ # CHILDREN _____

COMMENTS _____

NOTE: CONDOMINIUM UNITS ARE DESIGNED TO ACCOMMODATE 2 PEOPLE IN A STUDIO, 2-4 PEOPLE IN A ONE BEDROOM UNIT, 4-6 PEOPLE IN A TWO BEDROOM UNIT AND 6-8 PEOPLE IN A THREE BEDROOM UNIT.

A \$99.00 DEPOSIT MUST ACCOMPANY THIS REQUEST

CHECK ENCLOSED FOR \$ _____

MC/VISA/AMEX/DISCOVER # _____

3 OR 4 DIGIT SECURITY CODE _____ EXPIRATION DATE _____

CREDIT CARD BILLING ADDRESS: _____

CREDIT CARD BILLING PHONE: _____

SIGNATURE: _____

I AUTHORIZE ALL REQUIRED CHARGES TO THE ABOVE CARD

PLEASE MAIL TO:
THE VACATION STATION
229 MEETING ST.
CHARLESTON, SC 29401

OR FAX TO: 843-720-2726