

Vacation Condo Request Voucher

Personal Information

Date: _____

Last Name: _____	First Name: _____	Member Number _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Phone (H):(____) _____	(W):(____) _____	(C):(____) _____
Email Address: _____		

Vacation Information

#1 Destination Choice: _____	Date Requested _____
#2 Destination Choice: _____	Date Requested _____
How Many Adults?: _____	*Unit Size Requested: Studio <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR <input type="checkbox"/>
How Many Children?: _____	

*Note: Condo units are designed to accommodate 2 people in a studio, 2-4 people in a 1BR, 4-6 people in a 2BR and 6-8 people in a 3BR.

Payment Information (A \$99 deposit is required)

<input type="checkbox"/> VISA	CARD NUMBER: _____
<input type="checkbox"/> MASTERCARD	EXPIRATION DATE: _____
<input type="checkbox"/> AMERICAN EXPRESS	SECURITY CODE: _____
<input type="checkbox"/> DISCOVER	
NAME AS IT APPEARS ON CARD: _____	
BILLING ADDRESS: _____	

CITY: _____	STATE _____ ZIP CODE: _____

Please Fax to : 866-910-5258

Cardholder Printed Name

Cardholder Signature

I Authorize all required charges to the card above.