

2017 Float Ownership Reservation Request Form

PARK VIEW OWNER:	OCEAN VIEW OWNER:	OWNERSHIP NUMBER:	RCI ACCOUNT #:
		The second second second	
Owner Name:			
Co-Owner:			
Address 1:			
Address 2:			
City:		State:	Zip:
Home Telephone:	Work Phone:	E-mail Address:	
	Reservation I	nformation	
Please Space Bank my 2	017 Use Week with RCI (no need	to complete the rest of this fo	orm if you choose this option):
Week Number Requested:	Arrival Date:	Departure Date:	
Alternate #1:	Alternate Arrival Date #1:	Alternate Departure Date #1:	
Alternate #2:	Alternate Arrival Date #2:	Alternate Departure Date #2:	
Split Use Week Requested:	Split Use Arrival Date:	Split Use Departure Date:	
	General Inf	ormation	
 Float Use Week reservations Split Use Week reservations If you decide to split your U There will be a \$25.00 clea Unit requests may be mad 	n requests on separate forms for e as may be made no earlier than for a may be made no earlier than thi Use Week, only one (1) split use res ning fee charged for the second e ninety (90) days prior to your arr and on a first requested, first reserve	ach week owned if applicab ourteen (14) months prior to the rteen (13) months prior to the servation may be pending at and additional split use reserv ival day (see unit request cale	e Use Year requested. Use Year requested. a given time. ations. endar for more information).
	Office Us	se Only	
Date Received:	Caller Information:	Agent Name:	Confirmation #:
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Please complete this form and fax to Reservations at 760-828-4287, or mail to:
Grand Pacific Palisades Resort Reservations Department, 5900 Pasteur Court, Suite 200, Carlsbad, CA 92008