

DIRECT EXCHANGE REQUEST

Owner Name: _____
Address: _____
City/St/Zip: _____
Day Phone # : (_____) - _____ - _____
Other # : (_____) - _____ - _____
Account # : _____
Guest Name: _____

- Office Use Only -	
Date rec'd:	___ / ___ / ___
Cnfrmd date:	___ / ___ / ___
Pymnt type:	___ / ___ / ___
Pymnt rec'd:	___ / ___ / ___
Cnfrmn sent:	___ / ___ / ___
Reconfirmed:	___ / ___ / ___
By:	_____

	<u>PREFERRED DATES:</u>	<u>PREFERRED AREA:</u>	<u>PREFERRED RESORT:</u>
1ST CHOICE -	_____	_____	_____
2ND CHOICE -	_____	_____	_____
3RD CHOICE -	_____	_____	_____

Number in party: _____ Adults _____ Children Size unit requested: _____

SPECIAL REQUESTS (non-smoking, downstairs, etc.): _____

Your week being exchanged: _____ Reservation #: _____

Arrival date: ___ / ___ / ___ Size unit: _____ Resort: _____

Mail completed request form to:
Reservation Department
515 Nichols Blvd
Sparks, NV 89431

OR

Fax completed request form to:
(775) 355-4081