



Reservation Request Form

Mail completed request forms to:

The Glen
515 Nichols Blvd
Sparks, NV 89431
Phone: (775) 588-5565
Fax: (775) 355-4081

Date: _____

Owner/Acct #: _____

Season of Ownership: _____

Multiple Week Owner

- * All FEES MUST BE CURRENT TO ENSURE TIMELY PROCESSING OF YOUR RESERVATION REQUEST (RSPOA DUES, MORTGAGE, ETC.).
- * ALL RESERVATION REQUESTS WILL RECEIVE A RESPONSE WITHIN 30 DAYS FROM THE DATE YOUR REQUEST IS RECEIVED AT THE RESORT.

PLEASE COMPLETE ALL APPLICABLE SECTIONS

SECTION 1.

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: (_____) _____ Business Phone: (_____) _____

Check here if this is a new address:

SECTION 2. Choose one of the following –

Intend to utilize:

____ A unit for a full week (Complete Section 3)

____ A Split-Week Usage (Complete Section 4)

SECTION 3. FULL WEEK USAGE (Complete ALL THREE choices).

Please remember, all full week stays begin with a Friday or Saturday night usage and check-in time begins at 4 p.m. If you are renting or sending Guests/friends to utilize your unit, you MUST send a letter of authorization, or call us with authorization to give them access to your vacation home.

Choice	FROM	TO
1	___ / ___ / ___	___ / ___ / ___
2	___ / ___ / ___	___ / ___ / ___
3	___ / ___ / ___	___ / ___ / ___

SECTION 4. Split-week usage (complete ALL THREE choices).

All split-week periods will include a 3 or 4 night weekend including Friday and Saturday night, and a 3 or 4 night midweek usage which cannot include a Friday and Saturday night.

Choice	FROM	TO	FROM	TO
1	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
2	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
3	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___

Signature: _____

Request is for: Regular Use Exchange Guests/Friend(s)

Special Requests: _____

***** DO NOT WRITE BELOW THIS LINE *****

Reservation Department Use Only

Acct: _____ RSPOA: _____ Mtg: _____ RTPOA: _____

Control #: _____