

# INDIAN PALMS INTERVALS RESERVATION REQUEST

Account #(s) \_\_\_\_\_ Contact Info: Phone \_\_\_\_\_  
Email \_\_\_\_\_

Owner Name \_\_\_\_\_ Guest Name, if any \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VACATION DATES REQUESTED (in order of preference):

Method of Payment:

1. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Fees Prepaid

2. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Check Enclosed

3. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Money Order Enclosed

4. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Cashier's Ck Enclosed

Check-in Date: \_\_\_\_Friday \_\_\_\_Saturday \_\_\_\_Either  
Reservations are based on availability at time of request.

Visa/Mastercard Accepted  
(\$25 Convenience Fee)

## **OPTIONAL: PLEASE DEPOSIT MY WEEK(S) WITH RCI**

**RCI MEMBER #** \_\_\_\_ - \_\_\_\_ **Owner Initials:** \_\_\_\_

**Note: Interval International members must contact I.I. directly to deposit week(s).**

## **2017 MAINTENANCE FEE: \$525**

Reservation requests are accepted, in writing, up to two years in advance of the intended check-in date; the maintenance fee payment must be made at time of booking. BOD Extra Week requests are also accepted up to two years in advance (Rate \$575 per week/ excludes April, first 2 weeks of October and major holidays). Ask us about new Bonus Time options!

## **PLEASE MAIL THIS REQUEST FORM WITH YOUR MAINTENANCE FEE PAYMENT TO:**

INDIAN PALMS INTERVAL OWNERS ASSN. (IPIOA)

Association Business Office

535 South Highway 101

Solana Beach, CA 92075

Phone 858-792-0904 \* Fax 858-259-7428 \* Email: [vlm@cts.com](mailto:vlm@cts.com)

Website: [www.indianpalmsintervals.com](http://www.indianpalmsintervals.com)

## OFFICE USE ONLY

Confirmed by \_\_\_\_\_ Week # \_\_\_\_\_ Unit # \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Date confirmed \_\_\_\_\_ Week # \_\_\_\_\_ Unit # \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Check # \_\_\_\_\_ Amt.Pd. \_\_\_\_\_ Week # \_\_\_\_\_ Unit # \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Week # \_\_\_\_\_ Unit # \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_