

Value Week Request Form

TVR

Photocopy for future use. Keep a copy of the completed form for your records.
The completed request form must be received before any reservations can be processed.

PLEASE PRINT CLEARLY

Membership # (required): _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph.# (H) : () _____ Ph.# (W) : () _____

E-mail address: _____

Gift Certificate - \$200 (Complete guest information only if transferring to a relative or friend)

Guest Name: _____

Guest Address: _____

Guest City: _____ State: _____ Zip: _____

Guest Ph.# (H) : () _____ Guest Ph.# (W) : () _____

Vacation destination choices:

1st _____ Dates: _____

Unit size _____ BDRM # of people traveling: Ages 15+ _____ 14 & under _____ Total _____

2nd _____ Dates: _____

Unit size _____ BDRM # of people traveling: Ages 15+ _____ 14 & under _____ Total _____

Would you like us to assist you with airline reservations or a rental car? Yes No

Departure airport: _____

| | | | |
|---|-------------------------------------|---------------|---|
| Value week | *Star Credit | Fees | Charge my credit card: |
| 1-Bedroom condo or studio (sleeps two - four) | <input checked="" type="checkbox"/> | \$ _____ | Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> |
| | | | Name on card: _____ |
| Unit size upgrade fee | | | Credit card #: _____ |
| 2-Bedroom (sleeps six) - \$189 | <input type="checkbox"/> or | \$ _____ | Exp. date: _____ |
| 3-Bedroom (sleeps eight) - \$378 | <input type="checkbox"/> or | \$ _____ | Signature: _____ |
| Season week upgrade fee | | | |
| Peak season week - \$275 | <input type="checkbox"/> or | \$ _____ | |
| Gift certificate fee - \$200 | <input type="checkbox"/> or | \$ _____ | Acknowledgment of acceptance of the Terms and Conditions stated in your Membership Guide. (Unsigned forms will not be processed.) |
| Processing fee | | \$ <u>96</u> | |
| Refundable security deposit | | \$ <u>200</u> | |
| Total Due | | \$ _____ | Signature: _____ Date: _____ |

*Refer to membership guide for usage of Star Credits.

(Mail to: GCI, 5320 College Blvd, Overland Park, KS 66211, or FAX to: 913-451-8960)