

Coral Cay - Reservation Request Form

PRINT THIS FORM OUT AND FAX OR MAIL IN! All requests must be in writing.

Shareholder Name: _____ Group # _____

Next scheduled period starts on: _____

This form must be returned before: _____

ALL ITEMS MUST BE COMPLETED IN FULL

Date Information *In-season: Nov. 1st thru April 30th; Off-season: May 1st thru Oct. 31st*

THIS FORM MUST BE COMPLETED AND RETURNED TO CONFIRM USE.

(Please check one)

- I am using my regular time as scheduled above.
- I would like to exchange my scheduled in-season time _____ for the dates below.
- I would like to exchange my scheduled off-season time _____ for the dates below.

Arrival Date: _____ Actual Date that you will arrive after 3:00pm

Departure Date: _____ Actual Date that you will depart by 9:00am

**** NOTE: THE DATE REQUESTED MUST BE NO MORE THAN ONE YEAR FROM TODAY'S DATE!**

Room Information - all charges are for a two-week period

Please check which type of room you are requesting:

- Motel Room - NO EXTRA CHARGE (accommodates 3)

OR replace motel room with the following:

- Efficiency - price: in-season, \$140; off-season, \$130 (accommodates 3)
- One Bedroom Apartment - price: in-season, \$190; off-season, \$160 (accommodates 5)
- Two Bedroom Apartment - price: in-season, \$260; off-season, \$200 (accommodates 6)
- I need first floor accommodations (for health reasons only)

In addition to the above I am also requesting:

- Motel Room - price: in-season, \$170; off-season, \$140 (accommodates 3)
- Efficiency - price: in-season, \$210; off-season, \$170 (accommodates 3)
- Off-season to in-season charge - price \$70

Occupant Information

Number in party: Adults _____ Children (18 or under) _____

Names of those occupying room. (Relationship - shareholder, son, daughter, guest, parent, etc.)

Name	Relationship	Age (if under 18)
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Fax or mail to: c/o Boyd Montgomery, Colony Apartments, 6616 Monroe Street #6, Sylvania, Ohio 43560
Fax number 419-882-3193 - NO PHONE CALLS PLEASE - ALL REQUESTS MUST BE IN WRITING

Shareholder Signature _____