

FOXHUNT TOWNHOUSES
Property Owners Association, Inc.
2010 RESERVATION CONFIRMATION FORM

NAME: _____ ACCT # _____

ADDRESS: _____ *Mark "X" here if*
address change _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: DAYS _____ EVENINGS _____

UNIT/WEEK OWNED: Unit _____ Week _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

_____ I/We intend to occupy the above unit/week this year.

_____ I/We intend to authorize a **GUEST** to occupy the above unit/week.

_____ I/We understand that I/we am/are responsible for my/our guests' actions while occupying the above unit week. **You must inform the resort of your guest's name and address** and a reservation confirmation will be sent to them.

Guest Name: _____

Address: _____

Phone #: _____

E-mail _____

_____ *I/We intend to deposit my/our unit into the **RENTAL PROGRAM**.*

_____ I/We understand that I/we will receive a rental agreement and that I/we am/are responsible for the terms outlined therein. I/We further understand that I/we must return the **signed** rental agreement to the Resort, including **social security number(s)**, in order to have this unit week placed into the rental pool.

_____ I/We intend to **SPACEBANK** the above unit week and understand that it is **my/our responsibility** to bank the above unit week with RCI or II.

Please mail, fax or e-mail your completed form to:
Foxhunt Townhouses, 3065 Highway 64 East, Suite B, Sapphire, NC 28774 (Fax) 828-743-7668
E-mail: jgainey@spmresorts.com

*If you have any questions or you need assistance in scheduling your vacation,
please do not hesitate to contact the Resort at (828) 743-7667.*