

# OWNERS MULTI-USE REPLY FORM REQUEST ONLY

*Reservations are not considered confirmed until paperwork is completed.*

**Retain a copy for your records.**



RESORT & CLUB

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Marco Island, Florida 34145  
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www.sunrisebayresort.com  
info@sunrisebayresort.com

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_  
Phone \_\_\_\_\_

I/We own Unit \_\_\_\_\_ Week \_\_\_\_\_ for Year \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> we will occupy our unit week<br><input type="checkbox"/> we will spacebank with _____<br><input type="checkbox"/> will be occupied by others** _____<br><input type="checkbox"/> will rent _____ (contact info) | <input type="checkbox"/> request flex-time * accommodations for:<br>1 <sup>st</sup> Choice: wk# _____ date-from _____ to _____<br>2 <sup>nd</sup> Choice: wk# _____ date-from _____ to _____<br>3 <sup>rd</sup> Choice: wk# _____ date-from _____ to _____ |
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|--|--|

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\*Flex-time is subject to restrictions

\*\*Please Notify all Guests of \$45 Resort Fee

**Section below is for office use only - CONFIRMATION**

- This confirms the use of your ownership week as above.
- This confirms your flex- time use of Unit \_\_\_\_\_ Week \_\_\_\_\_ (w/payment of \$30.00 program fee)  
 Start date \_\_\_\_\_ End date \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resort Management