

**3750 HOSPITALITY SUITE RESERVATION FORM**

DATE(S) RESERVED: \_\_\_\_\_ TO \_\_\_\_\_

NAME(S) OF GUESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL COST:           \$\_\_\_\_\_

PAYMENT CHOICE (CHECK ONE):

CHARGE TO BE PAID BY CHECK \_\_\_\_\_

CHARGE TO BE PAID BY ADDING TO ASSESSMENT \_\_\_\_\_

I AGREE TO PAY A CANCELLATION CHARGE OF 1 DAY'S RENTAL FEE IF THE RESERVATION IS CANCELLED WITHIN 24 HOURS OF THE PROPOSED OCCUPANCY OF THE EARLIEST DAY RESERVED.

\_\_\_\_\_  
SHAREHOLDER

\_\_\_\_\_  
APARTMENT NUMBER