



8984 Highway 42, Fish Creek, WI 54212  
 E-mail: harmony@little-sweden.com

Flexible Weeks Available:			
1	7	13	43
2	8	14	44
3	9	17	45
4	10	18	46
5	11	19	47
6	12	20	48

## Flexible Time Reservation Request 20\_\_

(Please Print Your Change of Address)

**OWNER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** Home (\_\_\_\_) \_\_\_\_\_

Business (\_\_\_\_) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

Apply Label Here

***Please List 6 Choices With Check-in and Check-out Dates!***

<u>WEEKS REQUESTED:</u>	<u>WEEK #</u>	<u>CALENDAR DATES:</u>
1st Choice...	_____	_____ - _____
2nd Choice...	_____	_____ - _____
3rd Choice...	_____	_____ - _____
4th Choice...	_____	_____ - _____
5th Choice...	_____	_____ - _____
6th Choice...	_____	_____ - _____

**PLEASE NOTE:**

- Weeks requested cannot be the same dates.
- Your Association dues MUST be paid by February 1st.
- If you plan to exchange, you must first reserve a week. Association dues MUST be paid before banking the week.

**FLEX REMINDER:**

- We will ONLY accept requests in writing and we will ONLY confirm requests in writing.
- Return both copies by **March 1st.**
- A new form must be submitted for each calendar year.
- In the event more requests are received for a particular week than there are available units for that week, requests will be drawn at random.
- The resort reserves the right to change flex unit assignment based upon discretion of management.

*Please return both copies to: "Little Sweden", 8984 Hwy 42, Fish Creek, WI 54212*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Chart \_\_\_\_\_  
Computer \_\_\_\_\_

YOUR CONFIRMED VACATION TIME WILL BE:

Owner #: \_\_\_\_\_ Week #: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_  
Check-in Check-out

\_\_\_\_\_  
Reservationist

\_\_\_\_\_  
Date