little Sweden®
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!

WEEKS REQUESTED:	WEEK #	CALENDAR DATES:
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