Eagle's Nest	Flex Reserv					
Farle's Nest Decel Decert	Reque	st Year:				
Eagle's Nest Beach Resort 410 S. Collier Blvd						
Marco Island, FL 34145						
Phone# (239)394-5167						
Fax# (239)642-1599						
E-mail: <u>eaglesnest@hgv.com</u>		*Memb	er Nur	nber:_		
*Owner Name:						
Address:						
City:			Zin:			
*Home Phone:						
*Email Address:						
*Deeded Unit Number:				r		
*A flex reservation request can be co						
Weeks that have more requests than	•				-	
drawing. Forms are accepted by mail		-				-
date you are requesting.				m st on	e year iir a	uvance
(ex: Week 32 of 2020 starts Aug 7th.	This week is available for	or booking Au	ig 7th c	of 2019)	
*Required fields			·8 · · · · · ·	1 2019)	
My Flex Reservation date	selections are (Plea	use list six):				
				/	/	
2 nd Choice: Week#	Date: From	, , , ,	to	,	,	
1st Choice: Week#2nd Choice: Week#3rd Choice: Week#4th Choice: Week#	Date: From		to	,	,	
4th Choice: Week#	Date: From		to	/	/	
5th Choice: Week#	Date: From		to	/	/	
6th Choice: Week#						
	to relinquish my fle					
	to reiniquisir my ne	X WEEK IOI	Clubi	011105.		
Special Requests (requests will be	considered, but not gu	aranteed):				
If you don't get one of your choic	-	•	additio	onal we	eks of real	lest vou will
automatically be entered into the		-			-	-
the extremely high demand for fl		-	-			
from using the holiday for 2 cons				-		-
of Covenants, Condition and Res		-				
I understand that my confirmed	=	cancellation	if my u	anit we	ek(s) are "I	Locked Out"
pursuant to Florida Statue 721.1	3.					
	G 14					
I understand there will be a \$25	tee to alter a confirmed r	reservation.				
		Date				

Signature of Owner:			Date:						
Confirmed Date://			Representative:						
Confirmed Unit#	_ Week:	From:	/	/	/ to	/	/		
Reservation#									