FOUR SEASONS
VILAMOURA

Res. N.º

Year

FLEXIBLE TIME RESERVATION REQUEST

(Please Print)

Name

Address

I Own Apartment Please select | N.º of Week(s) | Period Please select (See Certificate)

Change over Day in order of preference 1. 2. 3. 4.
(Saturday / Sunday / Thursday / Friday)

REQUEST

First Choice:	Week N.º (s)		From		To
Second Choice:	Week N.º (s)		From		To
Third Choice:	Week N.º (s)		From		To
Fourth Choice:	Week N.º (s)		From		To

Do you intend to "bank" your confirmed week(s) with RCI? Yes ☐
If yes you must contact the nearest RCI office, after receiving our confirmation.

PLEASE NOTE THE FOLLOWING:

1. Only reservation requested wiyh the four choices made will be accepted. Forms not complying will be returned to sender.
2. In the event that none of the options are available, we will propose the nearest alternative dates.
3. All maintenance fees must be paid when invoiced.
4. The reservation will be confirmed in writing not more than one year in advance and not later than 90 days prior to the beginning of the period.
5. All requests will be confirmed on a "first come, first served" basis.

FLEXIBLE TIME CALENDER

FLEX A PERIOD - Weeks 13 to 28, 35 to 43, 50 to 52 (inclusive)
FLEX B PERIOD - Weeks 1 to 12, and 44 to 49 (inclusive)

Signature

Date

FOR OFFICE USE ONLY

Confirmed for Week(s) Apt. N.º From / / To / /

By: Ok'd Date

Comments:

Please email to:
reservations@fourseasons-vilamoura.com
Or post to:
Four Seasons Vilamoura
Resort C/o Reservations Department
8125-907 Vilamoura
Portugal