



# LIFETIME IN HAWAII RESERVATION REQUEST FORM

Account #(s) \_\_\_\_\_ Contact Info: Phone \_\_\_\_\_  
Email \_\_\_\_\_

Owner Name \_\_\_\_\_ Guest Name: \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VACATION DATES REQUESTED - in order of preference:      Method of Payment:

1. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_ Fees Prepaid

2. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_ Check Enclosed

3. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_      Visa/AMEX/MasterCard Accepted (\$22 fee)

4. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_      **Unit Preference:** \_\_\_\_\_ (No guarantees)

Note: Reservations are based on availability at time of request.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL: PLEASE DEPOSIT MY WEEK(S) WITH RCI**  
**RCI MEMBER #** \_\_\_\_\_ - \_\_\_\_\_ **Owner Initials:** \_\_\_\_\_  
**Note: Interval International members must contact I.I. direct to deposit week(s).**

## 2021 MAINTENANCE FEE: \$610.00

Reservation requests are accepted in writing up to two years in advance of the intended check-in date upon receipt of those two years' maintenance fees. Requests are being processed now for 2022, you may remit the current maintenance fee rate of \$610 per week and be billed later should the actual rate increase. "Family & Friends" requests (for use in Week 1&9, March-August only) are accepted in writing two years in advance.

### **PLEASE MAIL THIS REQUEST FORM WITH MAINTENANCE FEE PAYMENT TO:**

LIFETIME IN HAWAII INTERVAL OWNERS ASSN. (LIHIOA)  
 Association Business Office  
 535 South Highway 101  
 Solana Beach, CA 92075  
 Phone 858-259-7114 \*Fax 858-259-7428 \*Email: vlm@vlmci.com  
 Website: [www.lifetimeinhawaii.com](http://www.lifetimeinhawaii.com)

**IF YOU DO NOT RECEIVE A RESERVATION CONFIRMATION FROM OUR OFFICE WITHIN TEN (10) BUSINESS DAYS, PLEASE CONTACT US FOR A STATUS REPORT. IF YOUR REQUEST IS FOR TWO YEARS IN ADVANCE, CONFIRMATION WILL BE SENT WITHIN TEN (10) BUSINESS DAYS FROM THE TWO-YEAR PROCESSING DATE; AGAIN, CONTACT US IF NOT RECEIVED.**

### OFFICE USE ONLY

Confirmed by \_\_\_\_\_ Week # \_\_\_\_\_ Unit # \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Date confirmed \_\_\_\_\_ Week # \_\_\_\_\_ Unit # \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Check # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_ Week # \_\_\_\_\_ Unit # \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Week # \_\_\_\_\_ Unit # \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_