

FAMILY VACATION CENTER RESERVATION FORM 2009

Week 2 & 9



FAMILY NAME: _____ Date: _____

WEEK REQUEST: (Please mark your 1st, 2nd, 3rd choice)

_____ Week 2: July 4 – July 11 _____ Week 9: Aug. 22 – Aug 29

**Separate reservation form for all other weeks.

SUITES-*Located in San Rafael Tower & Clusters, these are apartment-style, with 2,3,or 4 bedrooms, a bathroom and living room with fridge. Each bedroom has two extra long twin beds.*

ACCOMMODATIONS:

SUITES

(Please check preference)

- 2 bedroom (min. 2 people, max 4 people)
- 3 bedroom (min. 4 people, max 6 people)
- 4 bedroom (min. 5 people, max 8 people)

Age (at time of vacation):	How many:		Rate:	Total
Adults and Teens 13+		@	\$889	\$
Children 8-12 yrs		@	\$819	\$
Children 4-7 yrs		@	\$779	\$
Children 1-3 yrs		@	\$649	\$
Infants under 12 mo.		@	\$389	\$
Surcharge - per person below minimum		@	\$450	\$
Subtotal				\$
<input type="checkbox"/> UCSB Graduate Discount - \$100 off Room and Board**				-\$
Deposit Due Now: \$200 per person (less \$200 space reservation if applicable)				-\$
Balance (due January 15, 2009)				\$

UCSB Graduates eligible for a discount of \$100 for Room and Board
Valid only for UCSB graduates and their suitemates

- I would prefer to pay by credit card. I will contact the FVC office by phone to provide a Visa or MasterCard number. I understand that I will not be confirmed until a deposit has been processed, and that (if before January 15th, 2009) the remainder of my vacation will be charged to the card provided on or after January 15th, 2009.
- I've enclosed check number # _____ in the amount of \$ _____ payable to: UC Regents - Family Vacation Center

One person per suite must be a current member of a University of California Alumni Association.

- I am already a member of the UC _____ Alumni Association. Membership Number: _____
(*If not the UCSB Alumni Association, please fax a copy of your membership card to (805) 893-2927.)
- I am NOT a member.
Please sign me up for a UCSB Alumni Association membership:
 - \$50 Annual Membership** Name: _____
 - \$400 Lifetime Membership** Name: _____

(**Please make a separate membership check payable to *UCSB Alumni Association*.)

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By checking this box, I agree that I have read, understand and agree to the policies outlined in the *Terms and Conditions* and *Cancellation Policy* sections of the Family Vacation Center website.

Family Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Evening Phone: _____

Fax: _____

E-mail: _____

FAMILY INFORMATION:

First and Last name to appear on nametag:	Age <small>(at vacation time)</small>	UC Alumni? What campus?	Birth date <small>(mm/dd/yyyy)</small>	Grade <small>(In 09/09)</small>	Occupation

HISTORY:

Have you attended the FVC before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, please list the years: _____					
How did you hear about us?	<input type="checkbox"/> Google	<input type="checkbox"/> Other Internet Search	<input type="checkbox"/> Friend	<input type="checkbox"/> Newsletter	
<input type="checkbox"/> UCSB Alumni Association	<input type="checkbox"/> Other Alumni Association		Please describe: _____		

Check any box that applies:

- I, or someone in my family, have trouble walking up stairs.
- I, or someone in my family, need a wheelchair accessible suite.

Did someone refer you to our program?

Please let us know their name so we can give them referral credit!

I was referred by the _____ Family.

REFERRING FAMILY'S NAME MUST APPEAR ON THIS RESERVATION FORM IN ORDER FOR THE FAMILY TO RECEIVE REFERRAL CREDIT.

Please send completed forms to the address or fax number listed below.

If you have questions, please call our office.

Family Vacation Center, UCSB Alumni Affairs, Santa Barbara, CA, 93106-1120

Phone: (805) 893-3123 Fax: (805) 893-2927