

# FAMILY VACATION CENTER RESERVATION FORM 2008



FAMILY NAME: \_\_\_\_\_ Date: \_\_\_\_\_

**WEEK REQUEST:** (Please mark your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice)

- |                                 |                                 |                               |
|---------------------------------|---------------------------------|-------------------------------|
| _____ Week 1: June 28 – July 5  | _____ Week 4: July 19 – July 26 | _____ Week 7: Aug 9 – Aug 16  |
| _____ Week 2: July 5 – July 12  | _____ Week 5: July 26 – Aug 2   | _____ Week 8: Aug 16 – Aug 23 |
| _____ Week 3: July 12 – July 19 | _____ Week 6: Aug 2 – Aug 9     | _____ Week 9: Aug 23 – Aug 30 |

**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:**

<b>SUITES</b>				
(Please check preference)				
<input type="checkbox"/> 2 bedroom (min. 2 people, max 4 people)				
<input type="checkbox"/> 3 bedroom (min. 4 people, max 6 people)				
<input type="checkbox"/> 4 bedroom (min. 5 people, max 8 people)				
Age (at time of vacation):	How many:		Rate:	Total
Adults and Teens 13+		@	\$859	\$
Children 8-12 yrs		@	\$789	\$
Children 4-7 yrs		@	\$759	\$
Children 1-3 yrs		@	\$629	\$
Infants under 12 mo.		@	\$379	\$
Surcharge - per person below minimum		@	\$450	\$
<b>Subtotal</b>				\$
<input type="checkbox"/> <b>UCSB Graduate Discount - \$100 off Room and Board**</b>				-\$
<b>Deposit Due Now: \$200 per person</b> (less \$200 space reservation if applicable)				-\$
<b>Balance (due January 15, 2008)</b>				\$

\*\*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 15<sup>th</sup>, 2008) the remainder of my vacation will be charged to the card provided on or after January 15<sup>th</sup>, 2008.
- 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*.)

## FAMILY VACATION CENTER RESERVATION FORM 2008



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 09/08)</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