Please complete and return to:

Harbor Ridge

PO Box 725, Southwest Harbor, ME 04679

Phone Number: (207) 244-7000 Fax Number: (207) 244-4500

Method Paid _____

info@harborridge.com



2024 Flexible Use Reservation Request Form

Owner Name:		
Address:		
City:	State:	ZIP:
Home Phone: ()	Cell Phone: ()
Email Address:		
Interval Membership No		
Circle one of the following two options:		(Must be valid until Dec. 2024)
C I Weeks 1 - 6, 8 - 14, 44 - 46, and 4		
E 2 nd choice: Week #	FROM//	to/ (dates) to/ (dates) to/ (dates)
Check-in preference: Friday	or Saturday or Sun	day or No Preference
E 2) I will be using the week through		
 Weeks are reserved on a first-come, first-served must be submitted in writing. You must choose either to use the week at the choices if you plan on staying at the resort and You may not carry your weeks over from one Reservation system, unless you pay an international you may deposit your 2024 week with an excitaterval International membership must be you may not reserve a week at Harbor Ridge paid to the Association. If you do not choose company, you are still responsible for all assesses. To guarantee a regular deposit, your week to the property of the proper	resort or within an exchange so the week cannot be reserved by year to the next within the Hard exchange fee of \$99. The hange company and travel to a evalid until December 31, 20 until all assessment fees and an to use your week at Harbor Riessment fees. The week the week, you may be obtalled.	system. You must submit three more than 365 days in advance. rbor Ridge Flexible Use mother resort location. Your 24. The object of the control of the cont
Signature		Date
Office Use Only		
Date Received:	Date Confirmed_	
Deeded Unit Week		ng Unit Week
MF Paid on		./to//

Exchange Number: _____