

ACCELERATION FORM

ROYAL PALM CLUB

J.E. IRAUSQUIN BLVD 79

NOORD, ARUBA

TEL : 011-297-526-3900 / FAX : 011-297-526-3995

EMAIL : ts.aru@riu.com

Name: _____

RPC Contract Number (4 digit#): _____

Week(s) Number (Fri. to Fri.) requesting for an acceleration (see calendar): _____

Year requested week is to take place: _____

Fixed Week: _____ Unit Number: _____

Special Notes: _____

Please note: All acceleration requests MUST be submitted on an acceleration form. Acceleration requests are accepted one year in advance of the requested week but must be submitted. Members have the right to use a week in their specific bedroom type unit and specific floor. Apartment numbers will not be assigned until check-in.

Please check one of the following options below for your accelerated week:

_____ I am only interested in having an apartment. If I cannot be accommodated for the week(s) that I am requesting in an apartment, all payments will be refunded and I will be taken off of the list.

_____ I am interested in having an apartment but if there are none available I will take a run of the house hotel room. (Hotel room usage counts as a regular usage week and the regular fees apply).

Once a confirmation is issued, the maintenance fee payment + \$50.00 acceleration fees must be received within 10 days. All fees are nonrefundable once received. If payment is not received within 10 days, your acceleration will be canceled. The 2017 fees are \$690.00 for the one bedroom and \$915.00 for the two bedroom units.

In submitting this request, I understand that all accelerations are *based on availability* and *are on first come first serve basis*. This form states that I intend to accelerate the week(s) requested and if available, I will be contacted by email/fax. I also understand that before my request can be processed all maintenance fees, late fees and mortgage payments must be current.

Once you have read all of the above, please sign this form which will mean you have read, understood and acknowledged the information contained on this form.

Member Signature: _____

Member Email: _____

Member Phone Number: _____

SEND TO FAX NUMBER 011-297-526-3995

Or SCAN & EMAIL ts.aru@riu.com

PAYMENT IS DUE ONLY WHEN CONFIRMATION IS ISSUED