

Date:	Owner's Name:		
Property:		Owner's Contact Telephone #:	
Renter (Name):		Contact # of the Renter:	Rental Period:
Total # of People	2 Renting:	Telephone # of the Rental	linit:
Total # of People Renting: Total # of Adults Total # of Children under 18		relephone ii of the Kemaronii.	
	cles & License Plate #:	Additional Vehicles, Boats	s, Jet Skis, Trailers, etc.
2			
	been Read and Understoo		
Renter's Signature:		Date:	
Owner's Signatu	re:		Date:
	RESERVED FOR U	SE BY DUNA VISTA RESORTS	
Received By:			
Date:	Ar	mount Received:	
Check Number:			

Mail completed and signed form at least two weeks prior to occupancy, to Duna Vista Resorts, PO Box 585, Ludington, MI 49431.