



RCI Exchange Benefit Form – Directors & Above

Employee Name: _____ Date: _____

Department: _____

No. Of People In Party: _____ Adults _____ Children _____ Total

RCI Resort ID #	Resort Name	Travel Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please scan this form to Marc Stolt or fax to (407) 239-5119

Employee Signature: _____

Please Note: Exchange Fee will be processed via credit card once exchange is confirmed.

For Internal Use Only		
Date Received :	_____	Date Called In: _____
Resort:	_____	Dates: _____ Accepted / Declined
Resort:	_____	Dates: _____ Accepted / Declined
Resort:	_____	Dates: _____ Accepted / Declined
Bulkbank Usage		
Week	_____	Unit _____ Year _____