

**SURF RIDER CONDOMINIUM ASSOCIATION, INC**  
**1441 SOUTH OCEAN BOULEVARD**  
**POMPANO BEACH FL, 33062**  
**954-785-8991**

NAME OF OWNER (s): \_\_\_\_\_

PHONE: \_\_\_\_\_

Unit\_\_\_\_\_. Week \_\_\_\_\_.

Please check one of the following and return to the Surf Rider.

\_\_\_\_\_ 1. - I plan to use my unit/week (s)

\_\_\_\_\_ 2. - Friends/ Relatives will use my unit/ week (s)

Their names are \_\_\_\_\_

With a party of \_\_\_\_\_

\_\_\_\_\_ 3. - I wish to rent my unit / week(s). **Please send me a Rental Agreement Form.**

\_\_\_\_\_ 4. - I have Space Banked my unit/week(s) with RCI.

The use, rental or exchange of my unit/week(s) is conditional upon your maintenance and taxes being paid. Please ensure that your account is current.

Check-in time is 4:00 P.M. on Saturday and check-out time is the following Saturday at 10:00 A.M. If you will be arriving after 10:00 P.M., please notify us so that we can make special arrangements for you.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Judy Storck  
Resort Manager

**PLEASE MAIL OR FAX 954-782-2338**