CHALET ALPINA

Resort Residence Ownership
Expression Of Interest

FIRST NAME _____

LAST NAME _____

NO. RESORT RESIDENCES (1/8TH SHARES) _____

RESIDENCE COLLECTION SELECTION

- ☐ Two Bedroom Collection
- ☐ Three Bedroom Collection
- ☐ Three Bedroom Corner Collection
- ☐ Four Bedroom Collection

RESERVATION GROUP SELECTION

☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H

CHALET ALPINA

- ☐ Preferred Chalet Alpina Membership Initiation

By signing below, I understand that from the date I receive the sales contract ("PSA") and Disclosure Documents, my Resort Residence selection will be held for 7 days. The PSA will then include a 7-day due diligence period. I understand that if the PSA is not executed within the 7-day period, the Resort Residence selection may no longer to available to me.

Signature:_____ Date: _____

Email: _____ Phone: _____