Guest Permission Form	
Owner Name:	
(First)	(Last)
Dates of Reservation: Check - In:	
Check –Out:	
Unit Size	
Name of new guest:	
(First)	(Last)
Address:	
Phone:	
Email:	
OWNERS PLEASE READ AND SIGN:	
*Guests will be denied if all your maintenance fe	ees have not been paid in full.
*Guests have already been advised by the owner Initial (owner)	r of the rules and policies of the resort
*The owner, as well as the guest, will be respons Initial (owner). The form is void if not init	
*Guests must provide a valid photo ID, be at lea the \$100 authorization.	st 21 years of age and provide a credit card for
Signature of Owner:	
Date:	

Please email to: <u>Reservations@tropicshoresresort.com</u>

OR

Please fax to: (386) 760 - 0279