

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 fees have **not** been paid **in full**.

*Guests have already been advised by the owner of the rules and policies of the resort.

_____ Initial (owner)

*Your Guest will be responsible for any damage to the unit/property. _____ Initial (owner).

If in the event your guest causes any damage to your property, and we are not able to process the credit card they provided, you as the owner would be charged and it would then be your responsibility to go after your renter for any fees that you had to pay to the resort. _____ Initial (owner).

*Guests **must** provide a valid photo ID, be at least 21 years of age and provide a credit card for the mandatory authorization deposit that will be held until the room is inspected by a member of Tropic Shores staff.

The form is void if not initialed by owner.

Signature of Owner: _____

Date: _____

Please email to: Reservations@tropicshoresresort.com

OR

Please fax to: (386) 760 - 0279