## **AUTHORIZATION FORM FOR GUEST TO USE OWNERS TIMESHARE**

| UNIT:                     | WEEK:                   |                       |                               |
|---------------------------|-------------------------|-----------------------|-------------------------------|
| l,                        | ,                       | hereby authorize      | e Marine Terrace Condominium  |
| Association, Inc. to allo | w the following gues    | t(s) to use the abo   | ove mentioned timeshare unit: |
| GUEST NAME(S):            |                         |                       |                               |
| ADDRESS:                  |                         |                       |                               |
| PHONE :                   |                         |                       |                               |
| EMAIL:                    |                         |                       |                               |
| ARRIVAL DATE:             |                         |                       |                               |
| DEPARTURE DATE:           |                         |                       |                               |
| DATE:                     |                         |                       |                               |
|                           |                         |                       | PRINT:                        |
|                           |                         |                       |                               |
| Fax to : 386-253-8908     |                         |                       | raceresort.net or mail to:    |
| Marine Terrace, 1018      | N. Atlantic Ave., Day   | tona Beach, FL 3      | 2118                          |
| *Guests have already b    | een advised by the o    | wner of the resor     | rt's policies.                |
| *The owner will be resp   | ponsible for any dam    | ages to their unit    | <initial.< td=""></initial.<> |
| *Guests will be denied    | if all fees have not be | een paid on your      | unit/week.                    |
| *Guests must provide a    | a valid photo ID and b  | oe over 21 years o    | of age.                       |
| ** Alterations to this fo | orm and its stated po   | olicies will void the | e guest authorization. **     |
| ACKNOWLEDGED BY E         | EMPLOYEE:               |                       | DATE:                         |