GUEST AUTHORIZATION FORM

MUST BE FILLED OUT BY THE OWNER OF UNIT/WEEK ONLY

Unit:	Week:
Today's Date:	
l,	
timeshare unit:	
Guest Name(s):	
Guest Address:	
Phone:	_
Email address:	
Arrival Date:	
Departure Date:	
OWNER(S) PLEASE READ AND SIGN.	
*Your maintenance fees must be paid in	ı full.
*You must inform your guests of the rul	es and policies of the resort.
*You are responsible for any damages to	o this unit.
*Your guest must provide a valid photo security deposit at check in. (security de	ID, be at least 21 years of age and provide a \$100 eposit is given back at check out)
Owner Signature(s)	Print:
Email or mail this form back to: reserva	ations@marineterraceresort.net
Marine Terrace, 1018 N. Atlantic Ave.,	Daytona Beach, FL 32118
BELOW PORTION IS TO BE FILLED OUT BY	WARINE TERRACE STAFF ONLY:
EMPLOYEE CHECKED AND VERIEIED OWNE	P OWNERSHID