Peterson's Waterfront

Full Share Guest of Owners Registration Form

Please complete this form when persons other than the OWNER (Guest of Owner 'GOO') will be using an OWNER'S unit. You may also call or email the Front Desk with this information; you will receive an email confirmation of the information you provide.

Please have all guests check in at the front desk upon arrival so we may meet your guests and answer any questions and to receive wristbands if necessary.

	CHECK IN	FIME:	5:00 PM		CHECK OUT TIME:	11:00 AM	
Arrival Date:	Departure Date:	<u> </u>			Total # of Nights:		
I have approved:	An early che	eck in ti	ime of:				
	A late check	out ti	me of:				
Guest Name:			Cor	Contact #:			
	# of Adults				# of Children		
	(Due to				umber within a unit mu l occupancy of your uni		
Please request a credit Cleaning of your unit u	-	fees:	<u>ا</u> ۱	′es	□ No		
	□ *Unit to be clea	aned b	y Peterson'	5 🗆	I have a private clean	ing service.	
*If cleaning to be com	pleted by Peterson's	the clea	aning Fee w	ill be p	aid by:		
				Please charge guest			
Wristbands (Memoria	l Weekend through L	abor D	ay Weeken	d)			
wristbands (owne	•	count	-		☐ Guest will be re purchase se. Front Desk will nc	-	
The above persons are	e authorized to occup	y our u	init during o	our segi	ment.		
Print Name:			Signati	ure:			
Email Address:			Contac	:t #:			
Staff to complete:							
Date Received:							
Information Received via	Verbal Authorization by	Owner I	🗆 Email 🛛	Owner C	ompleted From		
Calendar Updated	Owner email confirmation	sent 🛛	Housekeepin	g Notifie	d		