Week#	Unit #	
AAGEV #	Oille #	

Peterson's Waterfront

Time Share Guest of Owner Registration Form

Please complete this form when persons other than the OWNER of the (Guest of Owner 'GOO') will be using an OWNER'S Time Share Use Week. 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 TIME:	5:00 PM	CHECK OUT TIME:	11:00 AM	
Arrival	Departure				
Date:	Date:		Total # of Night	ts:	
Guest Name:		Contact #:			
		-	# of Children the number within a unit mo		
	dues includes 1 clean. If this sta e who will be responsible for th	•	_	ng your use	
	☐ OWNER	☐ Pleas	se charge guest		
(occupancy limit only	y) for 1 check-in; if you will have or wristband charges. Wristband	ve a 2 nd stay w nds are 5.00 ea	ithin your week please in ach.	idicate who	
	☐ Apply to my owner account	□ Gues	it will be responsible for j	purchase	
The above persons a	are authorized to occupy our ur	nit during our	segment.		
Print Name:		Signature	::		
Email Address:		Contact #	:		
	Staff to	o complete:			
Date Received:					
Information Received via	a □ Verbal Authorization by Owner □] Email □ Ow	ner Completed From		
☐ Calendar Updated 【	\square Owner email confirmation sent \square H	Housekeeping no	otified		