

TROPICAL BREEZE ESTATES, INC.
GUEST REGISTRATION

OWNER NAME: _____ DATE: _____

RENTER NAME (if applicable): _____

TBE ADDRESS: _____

PHONE: _____

GUESTS:

1. _____ RELATIONSHIP _____ AGE _____

2. _____ RELATIONSHIP _____ AGE _____

3. _____ RELATIONSHIP _____ AGE _____

4. _____ RELATIONSHIP _____ AGE _____

5. _____ RELATIONSHIP _____ AGE _____

6. _____ RELATIONSHIP _____ AGE _____

Age if
under 18
only

DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____

NUMBER OF BADGES: _____

I accept responsibility for our guests and will assure that they will comply with all applicable regulations and rules. A \$3.00 nonrefundable fee is required for each guest badge.

NOTE: Please be aware this is a senior park. If you have children as guests please supervise them at the pool and also, for their safety, with bicycle or skateboard use.

Badges strongly recommended for children 6 and older.

SIGNATURE OF OWNER/RENTER: _____

For office use only:

AMOUNT RECEIVED: _____ BY: _____