

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  
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 \$5.00 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.

SIGNATURE OF OWNER/RENTER: \_\_\_\_\_

*For office use only:*

AMOUNT RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_