



Guest Authorization Form (OWNER)

To authorize your guests to use your unit/week at Lighthouse Cove Resort, please fill out this form and return it to us by email, fax or postal mail.

- Please note that the guest named below must be at least 21 years of age to check-in.
- You must OWN the unit/week in questions to use this form. If you are not the owner of the unit/week, please use our non-owner form.

OWNER INFORMATION

Today's Date: ____/____/____ Unit: _____ Week: _____

Owner's Name (First and Last): _____

Owner's Street Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

GUEST INFORMATION

First Name: _____ Last Name: _____

Guest's Street Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

Arrival Date: ____/____/____ Departure Date: ____/____/____

Arrival Time (Approximate): _____: _____ AM/PM (circle one)

Signature of Owner _____