



Guest of Owner Authorization

Please Print

Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I authorize:

Guest Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

to occupy my Islander Beach Resort vacation interval associated with

Contract #: _____ Reservation #: _____

Check-in Date: _____

I acknowledge that I am responsible for the actions of my guest(s) and authorize any fees for damages to be billed to my account.

I acknowledge that my guest(s) has been advised that they must adhere to the rules of the Association.

I acknowledge, no guarantees were made for a specific unit including balconies (if applicable) or quantity of bathrooms (if applicable).

I acknowledge that Guest(s) of Owners will not be allowed to check-in without my written permission.

There is a \$25 cleaning fee for split week usage.

Please have your guest call Reservations if they are scheduled to stay over on a check-in day so Reservations can note it in our records. Please note when another owner is using your unit that their name matches their Islander ownership name.

I understand and agree to the acknowledgments associated with the Guest of Owner Authorization and hereby give my written permission for my Guest(s) to occupy my unit.

Owner Signature

Date

This form must be received 24 hours prior to check-in. Return forms in person, by email to reservations@islanderbeachresort.com or by fax to 386-427-9933. Questions? Call Reservations at 386-427-3452.