

Bermuda Cays

C/O Ability Management, Inc.
6736 Lone Oak Blvd. Naples, FL 34109-6834
Phone: 239-591-4200 Fax: 239-596-1919
Email: Selena@AbilityTeam.com

GUEST AUTHORIZATION and REGISTRATION FORM *

Bermuda Cays Address: _____

Guest Name(s): _____

Guest Home Address: _____

Relationship to Owner: _____

Number of Individuals: _____

Contact Number: _____

Vehicle Make: _____ **Year:** _____

License #: _____ **State:** _____

Date of Arrival: _____ **Date of Departure:** _____

I/We declare the foregoing information to be true and correct. I/We are aware of the Rules and regulations of Bermuda Cays.

**** Stays beyond 30 Days is considered a lease and must be specifically approved by Bermuda Cays****

THE INDIVIDUALS IDENTIFIED ABOVE HAVE MY AUTHORIZATION TO UTILIZE MY HOME AS GUESTS IN MY ABSENCE AND A COPY OF THE BERMUDA CAYS RULES AND REGULATIONS ARE IN THE HOME:

Owner's Name: _____

Address: _____

Phone: _____

Owner's Signature: _____ **Date:** _____

*** MUST BE TURNED 10 DAYS BEFORE EACH GUEST VISIT**