

Bermuda Isles II

C/O Ability Management, Inc.
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GUEST AUTHORIZATION and REGISTRATION FORM *

Bermuda isles II Adress: _____

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 Isle II.

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

THE INDIVIDUALS IDENTIFIED ABOVE HAVE MY AUTHORIZATION TO UTILIZE MY HOME AS GUESTS IN MY ABSENCE AND A COPY OF THE BERMUDA ISLES II 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