

Galleon Resort and Marina

Guest Authorization

I _____ authorize the following individuals to occupy
Owner Name

Unit _____ for Week _____, arriving on _____.

Guest Names:

_____	_____
Primary (Reservation will be under this name)	
_____	_____
_____	_____

Guest Address: _____

Telephone: _____ Cell Phone: Yes No

Email address: _____

A Guest Reservation Confirmation will be sent to the email address provided

NOTE: All fees must be current for this guest authorization to be accepted.
Owner is responsible for any and all damages to the above listed unit that occur during the specified period.
Any and all charges for damages will be applied against the Owner's Galleon Condominium Association
Homeowner's Account and will be subject to late and administrative fees if the balance is not paid within thirty
days from the date of the charge.

Owner's Signature required

Unit Maximums: Efficiency B Unit/2 people, One Bedroom/4 people, Two Bedroom/6 people and Two Bedroom with loft/8 people.

Fax to 305-296-0821 or email to Reservations@Galleonresort.com