



## Guest Authorization

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

- Please note that the guest named below must be at least 21 years of age to check in.
- You must be the Deeded Owner of the unit/week in question to use this form.
- **Effective January 1, 2020, ALL Guest Authorizations will be charged \$25.00 payable to Sea Club IV Resort and due no later than at Check-In time.**

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unit# \_\_\_\_ Week# \_\_\_\_

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Owner's Street Address:

\_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

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### Information about who will be using your unit/week:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Arrival Time (Approximate): \_\_\_\_\_ Number of Guest: \_\_\_\_\_

Guest Email Address: \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

NOTE: Please send form to Sea Club IV, 3229 South Atlantic Ave., Daytona Beach Shores, Florida 32118, OR FAX to: (386) 761-8585, OR via email: [seaclubiv@cfl.rr.com](mailto:seaclubiv@cfl.rr.com)