

Guest Authorization Form (OWNER)

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

- Please note that the guest named below must be at least 21 years of age to check-in.
- You must OWN the unit/week in questions to use this form. If you are not the owner of the unit/week, please use our non-owner form.

OWNER INFO	RMATION					
Today's Date:	/	_/	Unit	:	Week:	
Owner's Nam	e (First and Las	t):				
Owner's Stree	et Address:					
City: _			State:	ZIP/Po	ostal Code:	
Telephone:	Home:			Work:	-	_ -
GUEST INFOR	MATION					
First Name: Last Name:						
Guest's Street	t Address:					
City: _			State:	ZIP/Po	ostal Code:	
Telephone:	Home:			Work:	-	
Arrival Date: _	/	/	_	Departure Date:		
Arrival Time (Approximate): _.	:_	·	AM/PM (circle one)		
Signature of C	Jwner					