

**OPAL AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC. C/O RESORT  
MANAGEMENT**

2685 Horseshoe Drive South, Suite 215  
Naples, FL 34104  
jwheeler@resortgroupinc.com  
Janet Wheeler: 239-307-5244

**GUEST REGISTRATION**

A completed copy of this form must be received by **Resort Management**, no later than **One Week** before the arrival of non-paying guests, who will occupy a unit in the absence of the owner. Mail or Email to Ggarcia@resortgroupinc.com with Resort Management.

**Note: Guests are prohibited from having pets on the property. Only registered guests may occupy the unit, they are not to invite others to occupy the unit. Guest are consider as the following: Spouse, children, parents, brothers, sisters, grandchildren ONLY. NO IN-LAWS, or FRIENDS are not consider guest .**

*Please type or print legibly the following information.*

Unit Address \_\_\_\_\_  
Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_

Name of All Guests:  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State. \_\_\_\_\_ Zip. \_\_\_\_\_

Phone Number Guest can be reached at: \_\_\_\_\_  
Person to contact in case of EMERGENCY: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicles to be kept on Property during Occupancy:  
Year/ Make/ Model \_\_\_\_\_ License #. \_\_\_\_\_ State: \_\_\_\_\_  
Year/ Make/ Model \_\_\_\_\_ License #. \_\_\_\_\_ State: \_\_\_\_\_

Relationship of Guest to Owner: \_\_\_\_\_

By signing below, I (We) acknowledge that I (We) have read and agree to comply with the **Rules and Regulations of Opal at Sapphire Lakes**. I (We) also acknowledge the right of the Association to ask us to vacate the premises should any violations of the **Rules and Regulations** occur.

\_\_\_\_\_  
Date. Guest Signature Guest Signature

As Owner, I take full responsibility for my Guests: \_\_\_\_\_  
Owner's Signature