

JADE AT SAPPHIRE LAKES
CONDOMINIUM ASSOCIATION, INC.
C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215
NAPLES, FL 34104

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 Fax (239) 403-1061 to 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.

Please type or print legibly the following information

Unit No. _____
Date of Arrival _____ Date of Departure _____

Names 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:
Make/Model _____ Year _____ Lic. # _____ State _____
Make/Model _____ Year _____ Lic. # _____ 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 JADE at Sapphire Lakes. I/We also acknowledge the right of the Association to ask us to vacate the premises should any violations of these Rules and Regulations occur.

Date Guest Signature Guest Signature

As Owner I take full responsibility for my Guests _____
Owner's Signature