

The Gables of Vero Beach Condominium Association, Inc.

c/o Elliott Merrill Community Management
835 20th Place, Vero Beach, FL 32960
Phone: 772-569-9853 Fax: 772-569-4300

GUEST REGISTRATION FORM

UNIT # _____ NAME OF OWNER _____

DATE OF VISIT: _____ - _____
FROM TO

ALL guests who will be occupying the unit must be listed along with their ages. For family guests, please describe relationship (daughter, father, cousin, etc.) to primary owner. No more than two persons per bedroom may occupy a unit overnight (2BR, 4 person maximum; 3BR, 6 person max) Guests may not have pets of any kind at the Gables during their stay and may only allow visitors to use Association facilities if the registered guest is present with them at the facility being used.

<u>NAMES OF GUEST(S):</u>	<u>RELATIONSHIP:</u>	<u>AGE:</u>

Guests' current address and cell phone number(s):

Please fill in vehicle information (if Rental vehicle, please indicate):

Yr _____ Make _____ Model _____ License#/State _____
Yr _____ Make _____ Model _____ License#/State _____

ACKNOWLEDGEMENT

I/we understand that I/we are responsible for the conduct of our guests during their stay at The Gables. I/we will ensure that the guests have a copy of the Rules and Regulations of the Association and that they will abide by same.

Owner's Signature

Date

Please mail or email completed form to:

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