



GUEST REGISTRATION

This form must be filled out and approved at least 3 days in advance of your Guest(s)' arrival.

Resident's Name: _____

Unit Number: _____

Name of Guest(s): _____

Length of Stay: From ____/____/____ through ____/____/____

My signature below indicates that I have read and understand all of the rules and regulations set forth and I have imparted these rules and regulations to my guest(s) in full and on behalf of my guest(s) agree to abide by them. It is my duty to make certain my guest(s) have been familiarized with the Great Room. I understand my guest(s) will need to be accompanied by the resident their first visit to the Great Room. In addition my guest(s) will be introduced to the Venu Concierge Staff to ensure a complete understanding of the Great Room's rules and regulations. Any person staying more than 2 weeks at a time is considered an occupant, not a guest or visitor. I further understand that the actions of my guest(s) in all circumstances and under all conditions are ultimately my responsibility and I agree to be held responsible.

Signed this _____ day of _____ / _____
Date Month Year

Printed Name of Resident

Signature of Resident

Phone #, Fax #, or email for confirmation of approval

Office Use Only:

Approval Signature of HOA Agent

Date