



GUEST SUITE RESERVATION REQUEST FORM

*Cancelledations must be made at least 48 hours in advance to ensure return of Usage Fee
~ No Pets and No Smoking ~*

Resident's Name: _____

Address & Unit # _____

Check in Date: _____ Check out Date: _____
(3pm check-in time) (12noon check-out time)

**RESERVATIONS ARE NOT CONSIDERED CONFIRMED UNTIL YOU RECEIVE AN
EMAIL FROM MANAGEMENT.**

The undersigned agrees to indemnify, defend and hold West Ocean Association and its officers and agents harmless and free from any liability of any nature, including but not limited to liability for damage or injury to any persons or property, cost of attorney fees arising out of, or in connection with, the use of West Ocean's facilities regardless of whether the use was actively or passively negligent, either sole or contributory in connection with such liability. I certify that we have received and read the rules and regulations regarding the Guest Suite and will have our guests abide by them. I also agree to pay for any long distance charges incurred during the guests' stay in the Guest Suite.

Owner's Signature

*Resident's Signature

**If resident is not the unit owner, please obtain owner's signature, unless an 'Ongoing Facility Reservation Authorization Form' is on file.*

STAFF USE ONLY

Date/Time Received _____ *Staff Name* _____

Usage Fee Check # _____ *Damage Deposit Check #* _____
(\$125 per night) (\$500)

Ongoing Facility Reservation Authorization Form on File

Confirmation E-mail Sent by Shanae Williams: _____ *Damage Deposit Returned:* _____