



Seven Seas Resort<>2433 S South Atlantic Avenue<>Daytona Beach Shores, FL 32118

Phone: 386-257-1180 <> Fax: 386-258-5963 <> Email: sevenseas1@cfl.rr.com

Guest Authorization Form (Owner)

To authorize your guests to use your Unit/Week at Seven Seas Resort, please fill out this form and return it to us by fax, email or regular mail.

- Please note that the guest named below must be at least 21 years of age to check in.
- You must **OWN** the Unit/Week in question to use this form.

Today's Date: ___/___/___ Unit # _____ Week# _____

Owner's Name (First & Last): _____

Owner's Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Day (____) _____ Evening (____) _____

E-mail: _____

Information about the guest using your Unit/Week:

Name (First & Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Day (____) _____ Evening (____) _____

Arrival Date: _____ Departure Date: _____

Arrival Time: _____ Number of Guests: _____

Signature of Owner: _____