

GUEST OF MEMBER AUTHORIZATION FORM

OWNER INFORMATION:

Owner Name(s):..... Membership #:.....

Phone:.....

Fax:.....

Email:.....

Unit #:..... Week #:.....

As owner (s) of the above-mentioned week(s) and unit(s) I hereby authorize the following guest(s) to make use of my week(s) and unit(s) in year

Guest Name(s):..... Arrival Date:.....

Address:..... Departure Date:.....

City:.....State.....Zip.....

Phone:.....

Email:.....

Owner's Signature:..... Date:.....

Remarks by Resort:

**Mail or Fax to:
Casa del Mar Beach Resort
Juan E. Irausquin Boulevard 51
P.O Box 368
Fax (297) 582-6557**