

GUEST SUITE RESERVATION FORM
SUNWATCH ON ISLAND ESTATES CONDOMINIUM ASSOCIATION, INC

Date: _____

Unit Owner: _____ Unit No: _____ Phone: _____

Guest Name(s): _____

Request is for: Arrival Day _____ Date: _____

Departure Day _____ Date: _____

Number of nights: _____ Number of Adults (Over 18): _____

Number of Children and infants: _____ Ages: _____
(Maximum number of occupants is four including children and infants)

Enclosed is check for:

_____ \$225 1-3 nights
_____ \$75 / night 4-14

I/we agree to the rules posted in full on the Sunwatch website **(No Smoking/No Pets)** and also the following:

Checks are accepted from the unit owner only, and should be made payable to Sunwatch.

The maximum number of occupants in a guest suite is four.

The noise level must be kept down between 11 p.m. and 8 a.m.

Owner	Date
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ASSOCIATION USE ONLY: GUEST SUITE #201: _____ GUEST SUITE #202: _____

Recorded: _____

Received: _____ Date: _____

Check #: _____ Drawn by: _____

By: _____ Date: _____
Association Representative

Unit condition at checkout: _____