

GUEST REGISTRATION

Prelude 80
80 Rogers Street
Clearwater Fl. 33756

Guest Name(s) _____

Guest of _____ Key Card _____

Unit # _____ Arrival Date _____

Expected Departure Date _____

Home Address _____

Home Phone _____

Emergency contact _____ Phone# _____

Address _____

Vehicle(s). Make _____ Model _____

Color _____ Year _____

I (we) certify that payment of any kind has not been made for the use and occupancy of the above stated condominium unit and further agree to comply with the Rules and Regulations of the Prelude 80 Condominium Association

Signature _____ Date _____