

Harbor Oaks Place Guest Register

Unit # _____

Guest(s) Name(s)

1. _____

2. _____

3. _____

Please list name(s) and age(s) of minors

Name _____ Age _____

Name _____ Age _____

Please list name of individual 55 or over (If owner is not present)

Arrival Date _____

Departure Date _____

Emergency Contact

Name _____

Phone # _____

Guest Signature _____

Please place in Office Mail Slot as soon as possible