



GUEST AUTHORIZATION FORM

Fax to Front Desk at 239-642-1599

Email to eaglesnest@hgv.com attention Front Desk

I _____ HEREBY AUTHORIZE THE FOLLOWING INDIVIDUALS TO USE MY
EAGLES NEST UNIT NUMBER _____ FOR THE DATES OF _____
TO _____; RESERVATION NUMBER _____.
I HAVE NOTIFIED THE AUTHORIZED GUESTS THAT CHECK-IN IS AT 3:00 PM ON THE ARRIVAL DATE
SPECIFIED ABOVE; WITH CHECK-OUT AT 10:00AM ON THE DEPARTURE DATE SPECIFIED ABOVE.

AUTHORIZED GUEST USING YOUR UNIT:

NAME: _____
ADDRESS: _____
PHONE: _____

OWNER:

NAME: _____
ADDRESS: _____
PHONE: _____

BY SIGNING THIS DOCUMENT YOU ARE AUTHORIZING ANOTHER PARTY TO USE YOUR UNIT
_____. OWNER SIGNATURE: _____

DATE: _____