



VACATION CLUB

GUEST REGISTRATION

Resort Name: _____ Date: _____

Member's Name: _____

Membership #: _____

Reservation #: _____

Arrival Date: _____ Departure Date: _____

Only for Fixed Members: Week #: _____ Unit # _____ Year: _____

Information required:

Guests name(s):

Primary Guest Email: _____

Primary Guest Phone: _____

Guest Source:

Family- Relationship: _____

Rental Agency-Name: _____

Friends

Business Associate:

Charity:

Member(s) authorization signature:

Please send this form via e-fax to 1-310-388-0851 at least two weeks prior to the arrival date. Provide guest/s with a copy for presentation at check-in. For additional information about your membership, call 1-866-978-2578. NOTE: This Guest Registration is valid only if membership dues are current.