

Canterbury Place

GUEST REGISTRATION FORM

UNIT #: _____ DATE-From: _____ to: _____

You may preapprove recurring visitor that you would like to be authorized to enter the building under your responsibility. Please list all individuals that will be staying in the unit – Include children and age if under 18 years old.

** PRIMARY GUEST:

Name: _____ Phone: _____

Relationship to resident (relative, friend, etc.): _____

Email: _____

Reason of Stay (vacation, cleaner, tutor, etc.): _____

** ADDITIONNAL GUEST:

Name: _____ Relationship: _____

Cell #: _____ Email: _____

Age if child under the age of 18 _____

Name: _____ Relationship: _____

Cell #: _____ Email: _____

Age if child under the age of 18 _____

Name: _____ Relationship: _____

Cell #: _____ Email: _____

Age if child under the age of 18 _____

** VEHICLE:

Stall#: _____, _____, _____

Make: _____ Model: _____ Color: _____ Year: _____

License Plate#: _____ Sticker#: _____

 **EMERGENCY CONTCT:** _____ **Phone #:** _____

This emergency contact will be good for all residents listed above.

 **ANIMALS** Name _____ Type/Breed _____

Please fill out the animal registration form.

 **OCCUPANT REQUIRING SPECIAL EMERGENCY SSISTANCES:** YES NO

Name: _____ Condition: _____

 These authorized Guests and their given permissions will remain valid until the office is notified in writing of any changes.

Additional Residents:

Including children

Name: _____	Relationship: _____
Cell #: _____	Email: _____
Age if child under the age of 18 _____	
Name: _____	Relationship: _____
Cell #: _____	Email: _____
Age if child under the age of 18 _____	
Name: _____	Relationship: _____
Cell #: _____	Email: _____
Age if child under the age of 18 _____	
Name: _____	Relationship: _____
Cell #: _____	Email: _____
Age if child under the age of 18 _____	
Name: _____	Relationship: _____
Cell #: _____	Email: _____
Age if child under the age of 18 _____	

I am in receipt of and agree abide by the Association House Rule: Initial / _____

SIGNATURE: _____ DATE: _____