Canada House Beach Club
1704 N. Ocean Blvd * Pompano Beach FL 33062
Phone/Text: (954) 942-8200 * Fax: (954) 782-3977
Email: frontdesk@canadahouse.us

Guest Authorization Form (NON-OWNER)

To authorize someone else to use your unit/week at the Canada House Beach Club, please fill out this form and return it to us by fax or postal mail.

- There is a fee of $25 to allow someone else to use your reserved unit/week. This fee will be charged to the credit card below. Fee is non-refundable for any reason including cancellation.
- Your guest will be required to have a credit card at check-in for security & incidentals.
- The guest named below must be at least 21 years of age to check in.

Today's Date: _____/_____/_____   Unit _____   Week _____

Start date of your week: _____/_____/_____   End date of your week: _____/_____/_____

Owner's Name (First & Last): _____

Cell Number: (_____)_____   Email: _____
☐ OK to text?

Information about the person(s) who will be using your unit/week:

Please be sure your guest is aware that consecutive reservations booked during peak season without regard to unit type/location will be charged $25 for each resulting room move. More info: www.canadahouse.us/moves

Guest's First & Last Name: _____
☐ If your guest has stayed at Canada House before, you may check here and omit their address.

Complete address (including ZIP or postal code, as well as country if outside the U.S.)

_____

_____

Cell Number: (_____)_____   Email: _____
☐ OK to text?

Authorized dates: _____/_____/_____ to _____/_____/_____ or check for FULL WEEK ☐

Check-in is 4PM. Knowing your guest's arrival time helps us with housekeeping logistics. If you have that information, please enter it here:
_____ AM / PM

Credit Card Number: _____   Exp: _____

Please do not send your entire credit card number through email. Leave off the last four digits and text them to us.

CVV *: _____
(* VS/MC/DS: last 3 digits next to the signature line; AX: 4-digit code on the front of the card.)

Signature: _____