

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 (OWNER)

To authorize your guests to use the unit/week you own at Canada House, please fill out this form and return it to us.

- **Your guest's unit assignment may be changed to another unit of the same type without advance notification to either you or your guest, in order to accommodate stayovers (your guest, or another guest).**
- Please note that the guest named below must be at least 21 years of age to check in.
- You must OWN the unit/week in question to use this form. If you are not the OWNER of the unit/week, please use our non-owner form.

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

Signature of Owner: _____