

AUBURN HAMMOCKS OWNERS ASSOCIATION, INC.

c/o Argus Management of Venice, Inc.

1062 E. Venice Ave. Venice, FL 34285

Office: 941-408-7413 ~ Fax: 941-408-7419

Visit www.argusvenice.com for Manager's Email Address

GUEST REGISTRATION FORM

I/We hereby make notice to the Board of Directors for a guest to stay in our unit.

I/We understand that no fee is required.

Property Address: _____

Present Owner's Name: _____

Guest Dates: From _____ To _____

NAME AND AGES OF ALL OCCUPANTS AND GUESTS:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Telephone Contact
Number(s): _____

Make/Modell of Vehicle(s) _____ Year: _____

Color: _____ License No: _____ State: _____

Make/Modell of Vehicle(s) _____ Year: _____

Color: _____ License No: _____ State: _____

PLEASE INITIAL THAT YOU UNDERSTAND AND AGREE TO THE FOLLOWING:

_____ CHILDREN UNDE R THE AGE OF 16 YEARS OF AGE MUST BE ACCOMPANIED BY AN ADULT AT THE POOL.

_____ COMMERCIAL/RECREATIONAL VEHICLES, TRAILERS, BOATS & CAMPERS ARE PROHIBITED.

I AGREE TO ABIDER BY THE ASSOCIATION DECLARATION OF THE ASSOCIATION, ITS BY-LAWS, RULES & REGULATIONS

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

RECEIVED BY THE ASSOCIATION BOARD OF DIRECTORS: _____

SIGNATURE: _____ **TITLE:** _____