

CASTLE REEF CONDOMINIUM

GUEST / LESSEE REGISTRATION

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Condo# \_\_\_\_\_

Date of Check In: \_\_\_\_\_

Date of Check Out: \_\_\_\_\_

Name of Guest/Lessee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Please sign acknowledging you have received, read, and will abide by Castle Reef's Rules & Regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the lease is 6 months or longer, please provide a copy of the lease agreement.

Please email registration to [manager@castlereef.com](mailto:manager@castlereef.com)

Please utilize laminated PARKING PASS located within the Unit.