



Suite # _____

Waterside 1 at Bay Beach Condominium Association, Inc
Guest Suite Reservation

OWNER INFORMATION:

Unit # _____

Name: _____

Phone: _____

GUEST INFORMATION:

Name: _____

Number of people staying in suite _____

GUEST SUITE INFORMATION:

The cost is \$45 per night plus a \$60 cleaning charge.

3 night minimum and 7 night maximum

No pets allowed

90 days in advance for 1st room – 30 days for 2nd room

Payment must be made upon reservation and shall be non-refundable

Owner must be present during the duration of the guest's stay.

Date of Arrival _____ Date of Departure _____

Total Nights Staying _____

CHECK-IN TIME: 3:00pm

CHECK-OUT-TIME: 11:00am

Total amount due: _____

Checks are to be made payable to **Waterside 1** at Bay Beach.

Signature line is accepting above information and also that you have read and understand the Rules and Regulations as documented in the Association's Documents

Signature of Owner

Date

****Reservation will not be confirmed until this form and payment have been received by Waterside Management.**