



GUEST OF MEMBER
AUTHORIZATION FORM

OWNER INFORMATION:

Owner Name(s) : Membership #:
Phone:
Fax:
Email:
Unit # : Week #:

As owner(s) of the above-mentioned unit I/We hereby authorize the following guest(s) to use our unit

Guest Name(s): Unit being used:
Address: Week being used:
City: State:..... Zip:
Phone #: Arrival Date:
Departure Date:

Owner's Signature:..... Date:

To be completed by Playa Linda Beach Resort:

Confirmation #:

Remarks:

Mail or Fax to:
Playa Linda Beach Resort Reservations
J.E. Irausquin Blvd. 87
Oranjestad, Aruba
Fax (297) 586-3479