

HONOLULU PARK PLACE

APARTMENT # _____

GUEST REGISTRATION INFORMATION

Period of Visit From: _____ **To:** _____

A. Guest Name(s): *(list all guests, include age if minor – please print)*

1.	_____	_____	_____	_____
	Last Name (please print)	First Name	Cell Phone	Relationship to Resident
2.	_____	_____	_____	_____
	Last Name (please print)	First Name	Cell Phone	Relationship to Resident
3.	_____	_____	_____	_____
	Last Name (please print)	First Name	Cell Phone	Relationship to Resident

B. List Owner/Resident of this Apartment:

_____	_____	()
Owner/Resident	Address	Phone Number

C. Guest Fob Information:

Signature / Date

Guest Fob # _____	Issued to _____	_____
Guest Fob # _____	Issued to _____	_____
Guest Fob # _____	Issued to _____	_____

Note: Fobs are available to rent to guests for a security deposit of \$25.00 (payable by cash/check). Fobs must be returned to the administrative office within thirty (30) days from the date of the visit. If the fob is not returned the security deposit will be forfeited.

D. Vehicle Information:

1.	_____	_____	_____	_____	_____	_____
	Make/Model	Year	Color	License Number	Stall Number	Parking Pass (Y/N)
2.	_____	_____	_____	_____	_____	_____
	Make/Model	Year	Color	License Number	Stall Number	Parking Pass (Y/N)

I/we have signed a liability waiver and will abide by the Honolulu Park Place Club Rules.

FOR OFFICE USE ONLY:

FOB SDP: _____