



**BAY HOUSE GUEST REGISTRATION
644 ISLAND WAY, CLEARWATER, FLORIDA**

Unit Owner: _____
Unit Owner's Contact Tel#: _____
Unit Number: _____
Parking Space: _____
Arrival Date: _____
Departure Date: _____

Names and Number of Guests to stay in Unit:

Adults: # _____ Names: _____

Children: # _____ Names: _____

Relationship to Unit Owner: _____

Contact number while at 644 Island Way: _____
Cell Phone(s): _____

Emergency Name & Contact Number: _____

License Plate# for all vehicle(s): _____

Make, model & color of each vehicle(s): _____

PRIOR TO THE VISIT UNIT OWNERS MUST have registration forms filled out completely and forwarded to the Management office listed below via mail, fax, using the email provided, or dropped off.

BAY HOUSE
% Ameritech
24701 US Highway 19N, Suite 102
Clearwater, FL 33763
Email: TCSAYLES@Ameritechmail.com
Fax: 727-723-1101

Guest(s) to read and sign:

I/We agree to observe all posted signs and regulations of Bay House. I/We have read and agree to abide by the Bay House Rules & Regulations rules during my/our visit.

Signed: _____

Dated: _____

Bay House welcomes the Guests of Residents and wishes to remind you this is not a hotel but a residential community. Registration form information may be verified by a Bay House Board of Directors Member or Management Company Representative.