

**THIS FORM MUST BE FILLED OUT AND SENT BY EMAIL TO:  
PSRRES@SUNSTREAM.COM  
INCLUDE THE UNIT NUMBER 243 IN THE SUBJECT LINE  
AND CC: DIANA@TRINITYHHS.COM**

## Park Shore Resort

### FORM 3

# Key Control and Check-In

PARK SHORE RESORT CONDOMINIUM ASSOCIATION, INC.

UNIT #		CONFIRMATION # (PROVIDED BY GUEST SERVICES)	
ARRIVAL DATE	DEPARTURE DATE	# OF GUESTS	
4:00 PM	10:00 AM	EARLY CHECK IN AND LATE CHECK OUT ARE NOT PERMITTED	
CHECK-IN TIME	CHECK-OUT TIME	ARRIVAL	DEPARTURE
GUEST NAME		TELEPHONE #	
GUEST'S BUSINESS NAME (IF APPLICABLE)			
GUEST'S ADDRESS (STREET, CITY, STATE, COUNTRY, ZIP CODE)			
TELEPHONE # (PRIMARY)		TELEPHONE # (ALTERNATE)	
<i>DIANA VALBUENA</i>			
AUTHORIZED SIGNATURE (UNIT OWNER OR RENTAL AGENT)		DATE	
PRINT NAME OF AUTHORIZED SIGNER			

Form 3 is to be completed by Unit Owner or Rental Agent.

Form must be provided to Guest Services prior to check in date or by each guest at check-in.