

Verification Member Guest

Royal Palm Club

J.E. Irausquin Boulevard 79
Palm Beach, Noord Aruba
Phone: 011-297-526-3900

Date: _____

By means of this letter I would like to inform the following:

1. Member Name & Last Name: _____

2. Member Name & Last Name: _____

Reference / Contract Number: _____

Week: _____

Unit: _____

Year: _____

Please confirm the Day your guest will check in _____. Check in is Friday however Guest often check in on other days.

My Guest

How Many Persons?

Adults: _____ Children: _____

Name & Last Name: _____

Name & Last Name: _____

Name & Last Name: _____

Name & Last Name: _____

Name & Last Name: _____

Name & Last Name: _____

Please Note: I hereby take full responsibility for my guest actions and have provided my guest with the Timeshare Guest Information.

I hereby authorize the above mentioned guest(s) to use my week and stay in my unit.

Member Name & Last Name

Signature Member

SEND TO FAX NUMBER:

011-297-526-3995

OR SCAN & EMAIL TO:

ts.aru@riu.com