

MEMBER GUEST VERIFICATION FORM

Royal Palm Club

J.E. Irausquin Boulevard 79

Noord, Aruba

Phone: 011-297-526-3900

Email: ts.aru@riu.com

Date: _____

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

1. Member Name & Last Name: _____

2. Member Name & Last Name: _____

RPC Contract Number: _____

Week: _____

Unit: _____

Year: _____

My Guest

Guest Email: _____

Guest Phone Number: _____

I authorize my Guest listed below to use my week and stay in my unit.

How Many Persons? One Bedroom Maximum is 4 people. Two Bedroom maximum is 6 people

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.

Once you have read and filled in the above, place your signature which will mean you have read, understand and acknowledge the information contained on this form.

Print Member Name & Last Name

Signature Member

SEND TO:

EMAIL: ts.aru@riu.com