

Bonita Pines Club Inc. C/o Capital Care Group, PLLC 1016 Collier Center Way, Suite 205 Naples, FL. 34110 239-947-2059

RENTER/GUEST REGISTRATION FORM

Bonita Pines Club requires all renters and guests occupying a unit in the absence the owner to complete this registration from. The minimum rental period is 30 days — maximum 6 months. That minimum period does not apply if occupant is a relative of the owner or non-paying guest. Please return completed form to our accounting office at the address listed above or email a scanned copy to Bridgette Sandford at bsanford@ccgcpas.com. This information will be retained by BPC Board for Association use only.

NAME(S) OF OCCUPANT(S):			
	er, (30 day minimum) er, relative of owner (no min et, non-paying (no minimum		
DATES OF STAY: From	to		
HOME ADDRESS:			
CITY:	STATE	ZIP	
HOME PHONE:	CELL		
VEHICLE LISCENSE #: (Please park in your u	STATE nit's assigned numbered spa		
MERGENCY CONTACT: NAMEPHONEPHONEPHONE			
UNIT OWNER, BUILDING, AND UNIT#	t: (IE. B-219)		
I have received, read, and accept the Book and agree to abide by the rul Bonita Pines property.			· · · · · · · · · · · · · · · · · · ·
Signature		Date	

We welcome you and hope you enjoy your stay at Bonita Pines Club Inc. You have full use of our facilities and we encourage you to join in our social activities posted on your buildings bulletin board.

Sincerely, Bonita Pines Board of Directors