



GUEST OF MEMBER AUTHORIZATION FORM

Member Information

Member Name: _____ Member Number: _____

Mailing Address: _____

City/State: _____ Zip/Postal Code: _____ Country: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Reservation Number: _____ Arrival Date: _____ Departure Date: _____

Check here if the information provided is a new mailing address/phone number.

Guest Information

Name of Guest: _____

Mailing Address: _____

City/State: _____ Zip/Postal Code: _____ Country: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Member hereby authorizes Holiday Inn Club™, on behalf of Orange Lake, to modify Member's reservation for the reservation dates listed above to reflect Member's guest as the arriving party. Member is liable for any and all damages beyond normal wear and tear or any theft resulting from their guest's occupancy.

Date _____ Member Signature _____

Date _____ Member Signature _____

Mail or fax completed form to:
Holiday Inn Club
8505 W. Irlo Bronson Memorial Hwy.
Kissimmee, FL 34747
Fax: 407.905.1120
Questions? Call 407.239.0000 ext. 6075