## **ARRIVAL INFORMATION SHEET**

PLEASE PRINT CLEARLY

Unit #		Check-in Date	Est. Arrival Time	
Week	:#	Check-out Date	(please note early check-ins are not guaranteed)	
<u>own</u>	ER INFORM	ΛΑΤΙΟΝ		
NAM	E,			
ADDR	ESS			
CITY		STATE ZIP	PHONE	
	This is a	new address		
	I would like to receive all future pre-arrival information via email			
	Email A	ail Address		
	l/We wi	I/We wish to be listed on the in-house Owners List (MUST check the box and fill out if you want to be listed)		
	Name as you would like it to appear			
	I/We will be moving to unit # after this week			
RENT	ER/LOAN I	NFORMATION		
	I have re	ented/loaned my unit to the following individual(s)		
NAM	E ,			
ADDR	ESS			
CITY		STATE ZIP	PHONE	
Addit	ional Gues	ts (For phone call/mail purposes only – please do not list min	iors)	
# of c	hildren (ur	nder age of 16) Ages		
<u>RENT</u>	AL ITEMS			
□ C	rib (\$7/day	r)* 🗌 Highchair (\$7/day)* 🗌 Pack-n-play (\$7/day)	ау)*	
R	ollaway (\$:	10/day) 🗌 Baby Gate (\$5/day)		
*FIRST	CRIB OR PAC	K-N-PLAY AND FIRST HIGHCHAIR COMPLIMENTARY FOR OWNERS DURING T	HEIR DEEDED WEEK AND UNIT ONLY	
ADDI	TIONAL CO	MMENTS:		
For be	each/bike	rentals – Please send an email to: recreation@casaybelresort.	com	

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