



A RESIDENT OWNED COMMUNITY

Corona Del Vista, Inc. 1501 Anza Ave Vista, CA 92084 (760) 724-6194 fax (760) 724-6020 email: coronadelvista@att.net

GUEST REGISTRATION FORM
(8 TO 35 DAYS)

DATE: _____ SPACE: _____

RESIDENTS NAME(S): _____

GUEST NAME(S): _____

CHILD: _____ AGE: _____ CHILD: _____ AGE: _____

CHILD: _____ AGE: _____ CHILD: _____ AGE: _____

LENGTH OF STAY: _____

GUEST VEHICLE:

MAKE: _____ YEAR: _____ COLOR: _____

LICENSE: _____ STATE REGISTERED: _____

The above named resident and guest acknowledge that the guest has read the park 'Rules and Regulations' and agree to abide by these park rules and regulations.

GUEST SIGNATURE: _____ DATE: _____

RESIDENTS SIGNATURE: _____ DATE: _____

PARK MANAGER APPROVAL: _____ DATE: _____