

BROADWAY PROMENADE CONDOMINIUM ASSOCIATION

1064 N. Tamiami Trail, Sarasota, FL 34236
Phone 941-951-0260 Fax 941-953-3970

GUEST SUITE RESERVATION FORM

Please note: Reservations cannot be accepted more than 3 months in advance.

Arrival Date: _____ **Departure Date:** _____

Number of Guests: _____ **Number of Nights** _____ **(Limited to seven)**

Guest Name(s) _____

This reservation Agreement (“Contract”) by and between The Broadway Promenade Condominium Association, Inc. (“Association”) and _____ (Resident), Unit # _____ is for the purpose of reserving and using Guest Suite # _____ in The Broadway Promenade, known as (“Common Element”). It is expressly understood this Contract is between the Association and the above-named Resident.

Resident shall not have any right to subject the Facility to any outside individuals, agencies, groups, or associations without the expressed written approval of the Association.

There is a **\$100 security deposit** required to reserve the Guest Suite which must be paid with this reservation form, and may be forfeited if cancelled 14 days prior to date of arrival. The deposit will be returned if the room is restored to its original clean condition, there are no damages and or items missing.

Damages are the responsibility of the resident who sponsors the reservation.

All 3 guest suites are \$95/night. They are fully furnished with a small refrigerator, microwave, TV & coffee maker.

**Please make out two (2) checks addressed to “BROADWAY PROMENADE”
One to cover the total stay and one for the security deposit. NO CASH.
FULL PAYMENT IS DUE IN ADVANCE OF CHECK-IN, WHICH MUST TAKE PLACE
DURING NORMAL BUSINESS HOURS, 9:00 AM TO 5:00 PM MONDAY THROUGH
FRIDAY, WITH THE FRONT DESK (CONCIERGE)**

Cancellation Policy: 14-day cancellation notice is required or the security deposit may be forfeited.

The Resident will be responsible for all damages, if any, to the Guest Suite. Prior to the resident taking possession of the room, the Resident and Association’s designated representative, together, may inspect the Guest Suite for pre-existing damage, and if found, the details shall be noted on the reverse side of this agreement. The next business day, the Association’s designated

representative, and Resident, if Resident so desires, will re-inspect the Guest Suite for damages. By signing this contract, the Resident acknowledges that the **Resident is fully responsible for 100% of the cost of any and all damages. Please be advised that the Resident will also be responsible for the loss or damage of any key(s)/fob(s). If a key(s) or fob(s) were to be lost or damaged, the resident will be responsible for the re-keying and replacement of the key(s) and fob(s). The amount will be deducted from the deposit provided. Initial here:** _____

Resident shall abide by the rules governing the condominium. Resident will cause all guests to abide by any and all rules established or may be established by the Association.

By signing this Contract, Resident assumes all risk of injury, unless caused by the gross negligence of the Association, and Resident shall indemnify the Association from any and all legal action that may be brought against the Association.

Guests are to park in the front circular area of the building. All vehicles must be registered at the front desk and properly tagged to avoid towing.

Check-in time is 2:00 PM and Check-out time is 11:00 AM.

Guest stays are limited to a maximum of seven (7) nights.

Pets are not permitted in the Guest Suites.

_____	_____
Name of Guest	Name of Guest
Guest Cell Phone # _____	
_____	_____
Resident Signature	Manager
_____	_____
Date	Date

Resident Checked in at: _____ AM () PM ()

Guest received # _____ set of keys Guest Initials: _____