



FORT LEAVENWORTH FRONTIER HERITAGE COMMUNITIES, LLC

GUEST REGISTRATION FORM

Name of Resident _____

Address _____

Phone Number _____

Date of Initial Visit _____

Date of Departure _____

Reason for Extended Visit _____

Name of guest(s) _____

The resident acknowledges responsibility for guest registration with Management and for the actions of all of his/her guest(s) and pet(s) of guest(s) including any damage, theft or violations of the Housing Agreement.

_____	_____	_____	_____
Resident	Date	Resident	Date
_____	_____	_____	_____
Resident	Date	Resident	Date

Management Approval _____ **or** **Refusal** _____