

**LAKEMONT RETREAT Vacation Rental Home**

**Unit A Upstairs, sleeps 7 people**  
E-mail: [lakemont.retreat@gmail.com](mailto:lakemont.retreat@gmail.com)

**Unit B Downstairs, sleeps 8 people**  
E-mail: [lakemont.retreat@gmail.com](mailto:lakemont.retreat@gmail.com)

**REGISTRATION FORM** Please print in blue or black ink, sign and Return one (1) copy of this registration sheet to: Lakemont Retreat, 215 Liberty Street, Santa Cruz, CA 95060-6514 or FAX to 1-831-420-1782

Date In \_\_\_\_\_ (Check In after 3pm) Pets yes or no

Date Out \_\_\_\_\_ (Check out before 11 am) Total # of nights \_\_\_\_\_

Legally Responsible Party Over 21 \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Passport # \_\_\_\_\_ Country \_\_\_\_\_

Drivers License: \_\_\_\_\_ State \_\_\_\_\_

Email address \_\_\_\_\_

Guest # 2 \_\_\_\_\_ Guest # 5 \_\_\_\_\_

Guest # 3 \_\_\_\_\_ Guest # 6 \_\_\_\_\_

Guest # 4 \_\_\_\_\_ Guest # 7 \_\_\_\_\_

Unit B Guest # 8 \_\_\_\_\_

Automobiles of ALL guests:

License \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_

License \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_

**\*\* I have received and agree to follow all the policies of Lakemont Retreat \*\***

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_