

**LAKE SUMMERSET ASSOCIATION
GUEST AUTHORIZATION**

Host LSA Member _____	
(Last Name)	(Initials)
Lot No. _____	
Date of Guest's Arrival _____	Date of Departure _____
Guest's Name	Guest Address
1.	
2.	
Member Signature _____	
Additional guests may be listed below	
Guest's Name	Guest Address
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Instructions:

A card must be filled out for guests to enter.
Restricted to a maximum of 4 days if indicated.
Up to 10 names can be added to this card.

PLEASE PRINT NAMES ALPHABETICALLY.

This form can be mailed, hand delivered to the guardhouse, or faxed to the guardhouse at 815-248-4236.

The mailing address is:

Lake Summerset Association
1202 Lake Summerset Road
Davis Illinois 61019