

Unicoi Springs Camp Resort

2444 Hwy 356North P. O. Box 1105 Helen, GA 30545 Phone: 706-878-2104 Fax: 706-878-1804 www.unicoisprings.com

AUTHORIZATION FOR USE OF OWNERSHIP BY PARENTS OR CHILDREN

I	, Owner of U#, do
hereby authorize	(Parents or Children)
the use of my Ownership for	day(s).
NOTE: Children mus	st be at least 21 years of age to use ownership.
Arrival Date:	(Check in is 2:00 p.m.)
Departure Date	(Check out is 12:00 p.m.)
I, as an Owner of Unicoi Springs	Camp Resort, accept full responsibility for my parents or ed in the Covenants, Article II, Section I and 8.
	Signature of Owner
	Date: