



12818 Front Beach Road
Panama City Beach, Florida 32407
Local: 850.233.3333
Toll Free: 888.463.0534
Fax: 850.233.9568
www.daysinnbeach.com

Minor Consent Form

I, _____, assume full and sole financial responsibility for the hotel room(s) rented and any incidental charges incurred including telephone, food, beverage and/or other charges or damages incurred by my son or daughter _____ while staying at the Days Inn Beach during the dates of _____ through _____.

He or she is a minor under 18 years of age.

In case of emergency or inappropriate behavior during my son or daughter's stay, I may be reached at the following number and address:

(Please Print Legibly)

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature _____

State of: _____

County of: _____

The foregoing promissory note was acknowledged before me this _____ day of _____, 2014.

By _____ individually, who is personally known to me or has produced _____ as identification and who did (did not) take an oath.

Notary Public

This consent form must be notarized and present at time of check in.