

Facility Guest Log



Resident Full Name: _____

Room Number: _____ Date: _____

Guest Full Name: _____

Age of Guest: _____* Relationship to Resident: _____

*** I understand that all guests must be over the age of 18.**

Is this guest a student of SMU? **Yes** **No**

- ***This guest is authorized for 24 hours from the above date.***
- ***The guest must be escorted by the resident while on property.***
- ***The resident member assumes all responsibility for their guest's actions. The guest must adhere to 3030 Daniel Ave rules and policies.***

Resident Signature: _____

Guest Signature: _____

Resident Full Name: _____

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Guest Full Name: _____

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Resident Signature: _____

Guest Signature: _____