

To,
Skyview Manor Motel
45 Dupont Ave.
Seaside Heights, NJ 08751
(732) 793-6798
Fax # (732) 830-0733
email: skyviewmanormotel@yahoo.com

Date:

I grant permission for _____, Age _____,
to stay at the Skyview Manor Motel/Beach House/Apartment for the following dates:

Check In _____ Check out _____

I am fully notified by the above stated motel rules and regulations and the requirement of 18 years and older person for a motel room/house/apartment. However I would like the above stated motel to accept my son/daughter who is under 18 years old.

Enclosed is a phone number in case I need to be reached:

Cell # _____

Home # _____

Sincerely,

(Parent/Guardian Signature)

(Print Name)