

Franklin Terrace Motel
50 Franklin Ave
Seaside Heights, NJ 08751
732-793- 1177

Dear Franklin Terrace Motel:

I grant permission for my
(Son / Daughter) _____, Age _____, to
stay at the Franklin Terrace Motel for the following date:
Check In _____ Check Out _____

I acknowledge that this property is privately owned and Franklin Terrace Motel is not responsible for damage, loss or theft of valuables or property of any kind. I hereby agree to be responsible for any damage caused to the room during the stay of my child's occupancy.

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

CELL _____

HOME _____

Sincerely

(Parent/Guardian Name or Signature)

****Must bring copy of parent's driver's license along with this form.**