Date Submitted:	
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Shoals Submitted: ____ Shoals Club Temporary Membership Registration Form 2019

Rental Guest Name:				
Rental Guest Cell Phone	e #:	E-Mail:		
Dates of Membership:	from	to		
·				
Bald Head Island Addre			_ # of Bedrooms:	
Please note that crofters are considered 1 bedroom				
Number of Guest staying in Bald Head Island Home:				
		March & November (No Minimum)		
<u>May – Se</u> p	<u>otember</u>	□ \$20 x Days		
½ Week (1-3 Days)	Week (4-7 Days)	4 300 11	/A1 A2: :)	
□ 1-2 BR \$135	□ 1-2 BR \$225	April & Octobe	<u>r (No Minimum)</u>	
□ 3-4 BR \$165	□ 3-4 BR \$275	Daily Rates	Weekly Rates	
□ 5-6 BR \$195	□ 5-6 BR \$350	□ 1-2 BR \$45x	□ 1-2 BR \$225x	
□ 7+ BR \$235	□ 7+ BR \$400	□ 3-4 BR \$55x	□ 3-4 BR \$275x	
	**********	□ 5-6 BR \$65x	□ 5-6 BR \$350x	
MARINA Slip ½ WEEK	MARINA Slip Week	□ 7+ BR \$80x	□ 7+ BR \$400x	
□ 1-50ft \$135 □ 51ft & Up \$180	□ 1-50ft \$225 □ 51ft & Up \$320			
311t & Op \$180	511t & Op \$520	MARINA Slip Daily Rates 1-50ft \$40	MARINA Slip Weekly Rates 1-50ft \$200	
		☐ 1-50ft \$40 ☐ 51ft & Up \$40	□ 1-50ft \$200 □ 51ft & Up \$320	
		311t & Op \$40	511t & Op \$320	
		ssued is based on the number of		
Ad	Iditional or replacement ca	rds are available at a cost of \$5/o	card.	
	<u>Method</u>	of Payment:		
Guest Pays: □ Check □ Cash □ Credit Card If paying by Credit Card, please call 910-454-4888 after submitting your form				
in paying by Credit Card, please can \$10-454-4666 after Submitting your form				
Member Pays: □ Authorized Member Charge (Acct #)				
Temporary Members must be registered with the Shoals Club no less than 5 business days prior to using any of the clubs facilities. Upon issuance of a guest card, temporary				
members are permitted to use the Shoals Club facilities unaccompanied by a member in accordance with the rules and regulations adopted by the Shoals Club. Temporary				
members must have their guest card with them at all times while using the Shoals Club facilities. No refunds, full or partial will be issued for temporary memberships.				
emporary Member (Guest) Signa	ture Print Full Member/	Authorized Agent Name Full Mer	mber or Authorized Agent Signature	