

FRIENDS AND FAMILY PROGRAM REGISTRATION FORM

Homeowner Name:							Member No.:		
River St	trand Ad	dress:							
Phone N	Number:								
Homeowner Email:									
Dates of Stay for Guest:				Start Date: End Date:					
. 🗆	Annual	Friend	s&F	amily Program	Program (\$100.00 +tax and may purchase one transponder \$35.00 +tax)				
	2 Week	ek Friends & Family Program (\$25.00 +tax – not eligible to purchase a transponder)							
Will this fee be charged to the Homeowners member account or will the guest be purchasing? (Circle one) MEMBER CHARGE or GUEST PAY									
Guest Name:									
Would you like your guest to have signing privileges on your member account? If yes, the form on the opposite side MUST be completed ☐ Yes ☐ No									
Guest Vehicle information			ion:	Make:	Model:	Color:	State:	Plate:	
☐ I acknowledge that this property is not being rented to said guest.									
				Homeowner Signature/Date					
For Office Use Only: Date Received:									
Transponder Number: (annual members only)									
Card Number Issued:									
Type of Proof of Residence:									
Notes:									

Please submit this completed form and **ALL** supporting documents via email to <u>Admin@riverstrandgolf.com</u> or <u>RSAdmin@riverstrandgolf.com</u>, in person or via USPS to:

River Strand Golf & Country Club Administration Office 7155 Grand Estuary Trail Bradenton, FL 34212