



# GUEST PASS CARD REGISTRATION FORM

Property Address	Tract	Lot	Account #

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

A member with a valid LFII MHOA Membership Card **must accompany** all guest(s) while using the Sun & Sail Club facilities. The accompanying member is responsible for their guest(s) and their conduct while using the Sun & Sail Club facilities. It is the responsibility of the member to inform their guest of the rules and regulations and ensure that they are followed at all times while they are using the Sun & Sail Club facilities.

A member can bring in a **maximum of eight (8) guests per day per household**. Each guest will count as one (1) punch on the Guest Pass Card. Guests are persons age seven (7) years & older. Guest age six (6) years and younger will not require a punch from the Guest Pass Card **but will be counted in the eight (8) guests per household daily limit**.

Guest Pass Cards must be paid for and issued prior to their use. ***\*There will be NO get-in-now and pay-later or advanced punches allowed.\**** A \$5.00 per guest fee can be paid at the time of entry if member does not have a Guest Pass Card. **NO REFUNDS WILL BE ISSUED FOR UNUSED PUNCHES OR LOST CARDS.** Only one (1) Guest Pass can be purchased at a time. Guest Pass Cards do not expire and are valid until the last punch is utilized. Guest Pass Cards cannot be used for Memorial Day, 4<sup>th</sup> of July, Labor Day or Outdoor Parties.

I, the member, have read and agree to abide by all terms and conditions stated above, signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Requesting Member

I wish to purchase the following Guest Pass Card as checked below:

**Regular Price**

1<sup>st</sup> 12 Punch Guest Pass Card  \$5.00  
(Introductory Offer – limit 1 per household – valid for 1<sup>st</sup> Guest Pass Card Purchased Only – **must be verified before purchase**)

12 Punch Guest Pass Card  \$48.00 (\$4.00/punch)

24 Punch Guest Pass Card  \$96.00 (\$4.00/punch)

\*\*\*FOR OFFICE USE ONLY\*\*\*

Amount Paid \$ \_\_\_\_\_ By: Cash \_\_\_\_\_ Check# \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Int: \_\_\_\_\_

GUEST PASS #	SIGNATURE OF STAFF ISSUING CARD	DATE ISSUED:

\*Fees subject to change without notice (Revised 03/2023)