



Guest Card Form

MEMBER NAME: _____ MEMBER # _____
Please print

The following guest(s) have been authorized by me to stay in my Lexington home for the time period specified below. I have explained the Rules & Regulations of the community to my to my guest(s) and I understand that I am fully responsible for their actions during their stay at Lexington.

- My guest(s) will pay for any purchases at club facilities with a credit card.

- My guest(s) have my authorization to charge all purchases to my member number and I accept full responsibility for payment of any and all charges incurred.

GUEST NAME: _____
Please print clearly

RELATIONSHIP: _____

TIME PERIOD (30 DAY MAXIMUM): From ____/____/____ To ____/____/____

MEMBER SIGNATURE: _____ Date: ____/____/____

Please fax this form to: 239-437-1488 or email to Abby Jerich at ajerich@lexingtoncountryclub.com