

Guest Card Form

GUEST REFERRED BY:		
	EMBER, REGATTA, ETC.)	
GUEST NAME:		
PHONE:	EMAIL:	
ADDRESS:		
CITY:	STATE:	ZIP:
CREDIT CARD NUMBER:		
EXPIRATION DATE:	_ CVV NUMBER:	
*I UNDERSTAND THAT ALL THE CHARGES INCU ABOVE CREDIT CARD. I UNDERSTAND THAT HC TO ALL CREDIT CARD CHARGES.		
		GUEST SIGNATURE
**THIS GUEST CARD IS VALID ONLY ON HYC PR NOT VALID AT ANY OTHER CLUB, REGARDLE TOTAL NUMBER OF DAYS AN INDIVIDUAL C. (15) DAYS.	SS OF RECIPROCITY	
TO BE COMPLETED BY HYC:		
	GUEST CARD NUM	ИBER:
	ISSUE DATE:	
	VALID THROUGH I	DATE:
		EMPLOYEE SIGNATURE