

| GUEST REFERRED BY:  |   | _    |
|---|---|------|
|   | (HYC MEMBER, REGATTA, ETC.)                           |      |
| GUEST NAME:   |   | _    |
|   |   |      |
| PHONE:  | EMAIL:  | _    |
| ADDRESS:  |   | _    |
|   | STATE: ZIP:   |      |
| CREDIT CARD NUMBER:   |   | _    |
| EXPIRATION DATE:  | CVV NUMBER:   | _    |
| *I UNDERSTAND THAT ALL THE CHAR<br>ABOVE CREDIT CARD.   | RGES INCURRED ON THIS GUEST CARD WILL BE BILLED TO TH | IE   |
|   | GUEST SIGNATURE                                       |      |
| **THIS GUEST CARD IS VALID ONLY C<br>NOT VALID AT ANY OTHER CLUB,<br>TOTAL NUMBER OF DAYS AN INDI<br>(15) DAYS. |   | TEEN |
| TO BE COMPLETED BY HYC:   |   |      |
|   | GUEST CARD NUMBER                                     |      |
|   | GUEST CARD NUMBER:                                    |      |
|   | ISSUE DATE:   |      |
|   | VALID THROUGH DATE:                                   |      |
|   |   |      |
|   | EMPLOYEE SIGNATURE                                    |      |