



GIBSON ISLAND CLUB

Business Office: PO Box 600, 534 Broadwater Way, Gibson Island, Maryland 21056
410-255-1414 (office) | 410-255-1422 (fax) | giadmin@gibsonisland.com

Request for Visitor Card

This form is to be completed by the Sponsoring Member. The Sponsor should familiarize themselves with the Guest and Visitor Card rules. The Visitor Card is for Members to entertain their Guests on a limited basis. The Visitor Card is NOT a substitute for a full Club Membership. The Sponsoring Member is required to be physically present on the Island during the time period designated by the Visitor Card unless the Visitor is staying in the Club Cottages. Fitness Center Usage: The Visitor may only use the Fitness Center if the Sponsoring Member is a current Fitness Member. Please provide a copy of this document to your visitor.

Visitor Information

Full Name _____

Age _____

Address _____

Phone (H) _____ (C) _____

Email _____

Family members' names and ages:

Please Issue Card For:

Start Date _____

End Date _____

Sponsoring Member

Full Name _____

Address and phone numbers where you can be reached during period of time Visitor Card is requested:

Address _____

(H) _____ (C) _____

Sponsoring Member - Please read and sign.

I will familiarize my guest with all Club rules and instruct my guest to sign up for all activities requiring an additional fee. I will explain to my guest that there are daily guest fees for the use of all Club facilities, including the swimming pool and Fitness Center (please note a release form from the Club office must be signed before using the Fitness Center), and that my guest is expected to register upon entry of said facilities each day of use. I will notify my guest that the holder of the Visitor Card is not entitled to host non-members as guests of the Gibson Island Club or any of its facilities. I understand that the sponsor is responsible for the conduct of the Visitor and for any financial obligations incurred by the Visitor should these obligations not be met. Lastly, I understand that the Visitor Card is revocable at any time for any reason deemed appropriate by the Membership Committee.

Signature _____

Date _____

SIGN. PRINT A COPY. DELIVER TO:

Business Office, PO Box 600, 534 Broadwater Way, Gibson Island, Maryland 21056

Or scan and email to giadmin@gibsonisland.com

VISITOR CARD ISSUED UNDER (*check one*):

Member # _____

Temporary # _____



GIBSON ISLAND CLUB

Guest Credit Card Authorization Form

Client's Name on Credit Card: _____

Circle: VISA M/C AMEX

Client's Credit Card Number: _____

Expiration Date: _____ (month) / _____ (year)

Card's 3 or 4 digit security code: _____

Billing Address for this Credit Card:

_____ (Street)

_____ (City/state) _____ (Zip code)

Date(s) of Visitor Pass: _____

I authorize the above named business to charge the credit card indicated in this authorization form for any charges on my visitor / guest account during the dates outlined above. This payment authorization is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.

Client/Cardholder Signature _____