



CLUB APPLICATION

Today's Date: _____ First Meeting Date: _____

Name of Club: _____

Number of Members: _____ Would like to meet (check one): Weekly Bi-Weekly Monthly

Day of Week: _____ Time: _____ Expected Duration: _____

Primary contact person: Name: _____ Phone#: _____

Address: _____ Email: _____

Secondary contact person: Name: _____ Phone#: _____

Address: _____ Email: _____

Description of Activities: _____

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FOR VITALIA USE ONLY

Date Approved: _____ Date Denied: _____

Vitalia Representative: _____

Reason(s) for Denial: _____

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ACKNOWLEDGEMENT of GUIDELINES and RULES

I confirm that _____ (Club name) has been approved and vetted by the Lifestyle Department and HOA Board of Directors. I have provided directors with our Club by-laws, mission statement and a current members list of no less than 10 active Vitalia Residents.

Initial: _____

I acknowledge that I have received a copy of the Vitalia at Tradition Club Guidelines for use of Captiva Club amenities.

Initial: _____

I have read and understand the Standards of Conduct expected by Vitalia at Tradition (on behalf of the Captiva Club and Management team) and I agree to act in accordance with such standards as a condition of conducting my Club.

Initial: _____

I understand that Vitalia may revise or amend the annual policies or procedures described in the Vitalia Guidelines and/or Rules and Regulations, with or without prior notice. I, as Principal Officer responsible for all my Club's related needs, agree to comply with all procedures and guidelines.

Initial: _____

Club Principal (signature)

Club Principal (print name)

Vitalia Representative (received by)

Date