



PROSPECTIVE CLUB INFORMATION

Date: _____

Name of Club: _____

Number of Members: _____

Expected Attendance: _____ Winter _____ Summer _____

Would like to meet: Weekly _____ Bi-Monthly _____ Monthly _____

(Please check one) Day of the Week _____ TIME: _____

Primary Contact Person: _____

Address: _____

Telephone: _____ Email Address: _____

Cell Phone Number: _____

Secondary Contact: _____

Alternate Address: _____

Alternate Telephone: _____ Email Address: _____

Cell Phone Number: _____

Description of Activities: _____

FOR VITALIA USE ONLY

Date Approved: _____ Date Denied: _____

Vitalia Representative: _____



CLUB MEMBERS

A minimum of 10 ACTIVE members is required.

NAME	ADDRESS	PHONE NUMBER



RECEIPT OF ACKNOWLEDGEMENT

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 an up to date members list** of 10 ACTIVE Vitalia Residents.

Initial: _____

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

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 accord with the Standards of Conduct as a condition of my “Chartered Club” by Vitalia at Tradition.

Initial: _____

I also understand that Vitalia may revise, or amend the annul policies or procedures described herein the guidelines, rules and regulations, with or without prior notice. I, as Principal Officer responsible for all Club related needs, **agree to comply** with all procedures and guidelines.

Initial: _____

Club Principal (Signature)

Club Principal (Print Name)

Vitalia Representative (Received by)

Date