

Renter Application

Lake Toxaway Country Club

Attn. Laura Johnson 4366 West Club Boulevard Lake Toxaway, NC 28747 Telephone (828) 966-4020 Email to lauraj@laketoxaway.com

Name of Renter:	
First	Middle Last
Accompanying Dependent's Names and Ages:	Middle Last
Permanent Address of Renter:	Rental Company/Property Owner Information
	(Rental Company Name)
City:	(Sponsoring Member's Full Name) (Member Number) City:
State: Zip Code:	State: Zip Code:
Daytime Telephone:	Daytime Telephone:
Evening Telephone:	Evening Telephone:
Business Name:	
(List former b Business Address:	isiness, if retired)
Does Renter own property within Lake Toxaway	
Dates of Stay: To	Email:
Personal References (Please provide two personal	
Name:	
Address:	
City:	
State: Zip Code:	
Phone Number:	
I have read Lake Toxaway Country Club's Rules and Polic and obligations of renters as set forth therein. I agree to b residence. Statements will be sent via email unless I requ by the 25th day of the month following the date of invoice Toxaway Country Club is enclosed with this applica refundable.	e responsible for the conduct of all renters of my primary sest otherwise, and all charges incurred shall be paid in full A check in the amount of \$150 made out to Lake
Applicant's Signature:	Date:
Accounting Use	
Received By:	