



601 South Lumina Avenue
 Wrightsville Beach, NC 28480
 910.256.2726

P. O. Box 434
 Wrightsville Beach, NC 28480

Club use only - Circle One: Member Guest /Week awarded to this request _____ /Initials _____

2025 Season Room Reservation Form for ONE WEEK and ONE ROOM ONLY

Use another form if requesting a second week. Use one form for each room requested. Room Reservation Policy # 6020 is on the Club website under Quick Links. Room award notification e-mails will be sent no later than **April 4**.

This reservation is submitted by [check just ONE] Club use only—Postmark Date _____

- a member reserving a room for **him/her self** (May not be postmarked before **Monday, March 3**)
- a member reserving a room on **behalf of a guest** (May not be postmarked before **Monday, March 10**)

If you intend to request two weeks for this season, indicate the priority of THIS PARTICULAR REQUEST [check just one]

- THIS IS MY PRIORITY WEEK—if I don't get two weeks, this is the one I want for sure!
- THIS IS MY SECOND WEEK—my preferred, priority week is on a separate request.
- I AM REQUESTING TWO WEEKS WHICH MUST BE CONSECUTIVE

CONTACT INFORMATION: PLEASE PRINT LEGIBLY

Member name _____ Member number _____
 Primary e-mail _____ Primary phone number _____

Contact info for responsible adult guest if requesting room on behalf of a guest:

Guest Name _____ Guest primary e-mail _____
 Guest primary phone number _____

My **first-choice** week for this request is: _____ through _____

My **second-choice** week for this request is: _____ through _____ Providing an alternative week helps insure that you will receive a room; however, no member is guaranteed room reservations.

If you are requesting 2 rooms for the same week, submit 2 forms – 1 for each room. List the three different rooms for this request in order of preference. Please keep in mind, there are only 3 rooms with full baths and 2 rooms with 3 beds. Those rooms will be assigned according to need and rotating members who request the rooms each year. A member cannot expect one every year.

1st room choice _____ **2nd** room choice _____ **3rd** room choice _____

- I need Room 14 for a handicapped person
- I will accept any available room

List names of all members and/or guests who will occupy the room and age and date of birth of children. Failure to provide complete occupancy information may result in the request being denied.

Name	Age if 15 or under	DOB	Name	Age if 15 or under	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I would prefer to stay with the following families/friends if possible:
