| | Member in good standing |
|--|--------------------------|
| | Monipor in Bood Standing |

ELCA PUBLIC SAFETY DEPARTMENT

| PASS | # | | |
|------|---|--|--|
| | | | |

RENTAL REGISTRATION FORM

PO Box 305-Route 435 Gouldsboro, PA 18424 570.842.7672 Fax: 570.842.4537

| RENTAL PERIOD | From (dates) | to _ | | 20 |
|-----------------------------------|----------------------------|--|---------|-------------------------------------|
| | | OWNER INFORMATION | | |
| LOT# | STREE | ET NAME | | |
| NAME | | | | |
| | | | | |
| CITY | | STATE | | ZIP |
| PHONE NUMBER (|) | CELL NUMI | BER ()_ | |
| | | RENTER INFORMATION | | |
| NAME of Renter(s) | | | | |
| HOME ADDRESS | | | | |
| CITY | | STATE | | ZIP |
| EMERGENCY CONTA | ACT PHONE NUMBER (_ |)) | (|) |
| RENTER'S FAMILY M | EMBERS: 1 | NAME | | AGE |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| PET(S): YES / NO | TYPE / BREED? | | | |
| GOLF CART: Are rento | ers permitted to use owner | 's golf cart? YES VEHICLE INFORMATION | NO (| if YES proof of insurance required) |
| Year Make | | Plate # | Color | State |
| | | Plate # | | State |
| More than 2 vehicles - \$20.00 fe | | | | |
| Year Make | Model | Plate # | Color | State |

OWNER/MEMBER TRANSFER OF PRIVILEGES (Deed Restrictions, Section 1, 1.14)

Community Member/Owners in good standing may transfer their privileges to utilize the community and its amenities to the renting party. However, the responsibility to abide by the By-Laws, Deed Restrictions and all Rules & Regulations remain with the community member/owner. Therefore, any conduct by the renting party/extended stay guest which violates the above shall be addressed by both the member/owner and renting party/extended stay guests.

Community member/owner's who do not meet good standing requirements shall not be allowed to transfer their community privileges. Community member, renters and guests are not permitted to utilize any property as a permanent residence. The renting party must be at least twenty-one (21) years of age to enter into the agreement. Rentals to parties under the age of 21 and not adult supervised will not be honored.

RENTAL FEE - \$50.00 per contract or rental period or change of name of vacationing party. Rental period is 30 days. Rentals for longer periods require a renewed Rental Form with applicable fees, reissued each 30 day period. Rental fees are non-refundable.

VEHICLE PASS FEE – Renter will receive two (2) vehicle passes included in rental form. Additional passes may be secured for \$20.00 each. Fee is non-refundable.

If the renter vehicle passes are not returned at the end of the rental period, a \$50 surcharge will be assessed to the owner.

The Rental Registration Form, along with rental fee, must be received at least one (1) week in advance. Forward to: ELCA, PO Box 305, Rt 435, Gouldsboro PA 18424. ATTN: Community Management. *A \$50 late fee will be assessed if not received one (1) week prior to arrival.*

AUTHORIZATION: Owner hereby authorizes Eagle Lake to issue vehicle security gate passes to renter. Owner hereby assigns for the term of the lease, any and all membership amenity privileges to the lessee. Identification is subject to a 30 day rental period. Rental periods shall not extend beyond 30 days without renewal of agreement and fees.

The undersigned Renter(s) acknowledges they have received a copy of the Rules & Regulations of Eagle Lake and agree to adhere to all established Rules & Regulations; and acknowledge they will be subject to disciplinary action & fines for violations to such rules & regulations. Owners are responsible for the actions of all Renters. By signing this form, I acknowledge that I am in receipt and have read the Registration and Identification Policy.

| OWNER | | RENTER | | |
|------------------------------|---------------------------------------|----------------|--|--|
| OWNER | | RENTER | | |
| Date | | Date | | |
| Received copy of Renter Regi | istration Policy/Rules and Regulation | s | | |
| | Renter Initials | | | |
| | | | | |
| | FOR OFFICE USE ONLY | | | |
| DATE RCVD | AMT PD | CK / CASH / CC | | |
| TAKEN BY | DATE PAID | | | |