



# SPORTING RESERVE MEMBERSHIP

\$8,500

Limited 250 memberships available | \$1,500 annual activities/amenities minimum

## MEMBER BENEFITS:

- Complimentary introductory guided trip of facilities with up to 5 guests, including all rentals and 150 clays/shells
- Complimentary round at 5-stand with up to 5 guests, including all rentals and 50 clays/shells
- 10% off Chetola Spa, Gift Shop, Timberlake's Restaurant (excluding alcohol, gratuity and holiday buffets) and NRA classes
- 20% off Chetola Recreation Center membership initiation fee
- Special private event rental rates for Clubhouse or Tent
- Free NRA Safety Officer classes
- Special course rates for members and immediate family

## OPEN YEAR-ROUND, OFFERING GUIDED AND NON-GUIDED ACTIVITIES:

Full (13-station) and Half (6-station) Sporting Clay Courses  
5-Stand | Archery | Fly Fishing  
Pistol & Rifle Range Coming 2018



INFORMATION:  
[www.Chetola.com](http://www.Chetola.com)



[guestservices@chetola.com](mailto:guestservices@chetola.com) | 828.264.6200



MEMBERSHIP



CHETOLA  
SPORTING RESERVE

APPLICATION

**Applicant Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Circle One: Male Female

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address (Street or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Second Address (Street or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Spouse Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership Number: \_\_\_\_\_

**Medical Details**

List of Allergies: \_\_\_\_\_

List of Current Medications: \_\_\_\_\_

Disabilities (please circle): Blood Sugar Vision Loss Hearing Loss Mobility Issues Neck/Back/Head Injuries

Please explain: \_\_\_\_\_

Other: \_\_\_\_\_ Do You Require Special Assistance? Yes No

Personal Physician: \_\_\_\_\_ Blood Type: \_\_\_\_\_

**Emergency Contact**

Name of Emergency Contact Not Currently Residing With You: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Children (If Membership Privileges Desired)**

Name/Age: \_\_\_\_\_ Name/Age: \_\_\_\_\_

Name/Age: \_\_\_\_\_ Name/Age: \_\_\_\_\_

**Signatures**

*I authorize the verification of the information provided on this form as to my personal information including all medications, disabilities, or allergies. I have received a copy of this application and read and signed the SOP and safety procedures.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Range Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Application Status (circle one): Accepted Denied Application Denial Reason: \_\_\_\_\_  
Date Entrance Fee Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Acceptance Sent: \_\_\_\_\_  
Membership #: \_\_\_\_\_ Fees Due: \_\_\_\_\_

**FOR OFFICE USE ONLY**