



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 \_\_\_\_\_

**2026 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 3**.

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

- a member reserving a room for **him/herself** (May not be postmarked before **Monday, March 2**)
- a member reserving a room on **behalf of a guest** (May not be postmarked before **Monday, March 9**)

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:

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