ECHO SUMMIT LODGE – CHARGE SHEET: ROOM AND MEAL CHARGES and ASSOCIATE MEMBER ENROLLMENT (see instructions in box)

Name(s)…….. ……..…… [names of individual(s)/family covered by this sheet]

the following in-italics section is **only for Associate Member Enrollments **********

*This **Associate Membership** is sponsored by: /S/.....and /S/……(signatures of two sponsoring members) for a period beginning ……(enter the first date of the event or activity). Associate Members agree to support and further the purposes of the Club as provided in the by-laws and understand that this membership expires ……(enter the final date of attendance). This event covers……(enter the number of nights of occupancy) days. The daily dues rate is $10 per day per adult, $20 per day for a couple (dependent children don't pay dues, but they are charged for beds and meals, see below); therefore the amount of dues paid for this membership period is **$……**(multiply the daily-dues-days times the daily rate). This form may be used as a coupon, good for one year, which can be redeemed as partial payment of regular Club membership entry fee, $20 for single and $30 for joint membership. Multiple coupons, up to - but not exceeding - the full amount of the one-time entry fee may be submitted.*

Agreed by: …… .(signature of Associate Enrollee)

Approved by: /s/……(signature of event-host to whom dues were paid)

everybody uses the rest of this form ********

Non-Member Guest's Names (if any): ……..……..

Number of Members: ...……..…... plus Non-members: . ……..…. = total on this "account": ..……

Room # ……. and/or the …. 1st Floor or….3rd Floor....Dorm are covered on this "account".

Accommodation dates: from …….. … through ……..……..……

Night of stay:	1	2	3	4	5	6	7	Total	rate	Amount
Dorm-beds									$ 10.00	
Room-beds									$ 15.00	
Rec. vehicle									$ 10.00	

Room Subtotal: $.....

compute 14% **tax**: $.....

Day of Meal	1	2	3	4	5	6	7	Total	rate	Amount
Breakfasts									$ 8.00	
Lunches									$ 7.00	
Dinners									$15.00	

Meals Subtotal: $.....

Add up: Associate Member Dues: $……(if any) + **Room:** $.....+ **tax:** $..... + **Meals: $**..... =

TOTAL CHARGES: $.....

minus reservation **deposit** ……..… or **"for-the Host" expenditures** …….. : ($.....)

FINAL Balance due $.....

Donations (if any): $ ……

Notes: 1) Room and Meals rates for children ages 4 through 11 are half the adult rate, under age 4 are free.
2) Room charges are based on nights of occupancy, the tax is paid to El Dorado County.

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