

CLUB HOURS*

Monday, and Wednesday through Friday
11:30am to 2:00pm
Closed Saturday and Sunday except
For Special Events

Wednesday Night Dinner
Reservations 5:30pm to 7:30pm

Friday Night Dinner
Reservations 5:30pm to 7:30pm

Reservations Requested
566-2304

Food & Beverage Director
Chris Gant

Executive Chef
Robert Sanacora Jr.

**Dates & Times Subject to Change*



**DINING
ASSOCIATE
APPLICATION**

As a Dining Associate, you are entitled to the use of Longshore Lake's Clubhouse dining facilities. Please keep your ID card with your account number available at all times for presentation to the staff at the club upon request.

When dining at the Club, a Dining Associate must use their Club charge account.

Please note Dining Associates are not entitled to pool, tennis, fitness room, or reciprocal privileges.

Dining Associate Cost: *\$230.00 per year*
Payable by check to: *Longshore Lake Foundation*

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Work Phone: (____) _____

E-mail: _____

Alternate Address:

Address: _____

City: _____ State: _____ Zip: _____

Family Members with Signing Authority

I understand this application is an extension of privileges for the use of the dining rooms only. I also understand the Foundation reserves the right to terminate my privileges at any time and without cause.

I understand that I am solely responsible for all charges incurred by me or my authorized signatories. I understand payment on my Longshore Lake account is due by the end of the month in which my statement is received. I also understand I will be subject to a 1.5% finance charge and a \$25.00 late payment penalty on all past due balances.

Applicant Signature: _____

Date: _____

Office Use Only

Billing No: S _____

Exp. Date: _____

Renewal Bill Date: _____