

MARINER SANDS COUNTRY CLUB, INC.  
c/o Bristol Management Services, Inc.  
1930 Commerce Lane, Suite #1, Jupiter, FL. 33458  
561-575-3551 Fax: 561-575-5423

**APPLICATION FOR PURCHASE OR LEASE**

IN ORDER TO PROCESS THIS APPLICATION, PLEASE ENCLOSE 2 LETTERS OF REFERENCE AND A COPY OF THE SALES CONTRACT

DATE: \_\_\_\_\_ NAME OF ASSOCIATION: \_\_\_\_\_

I/We have entered into an agreement to **Purchase / Lease** property in Mariner Sands from  
[CIRCLE ONE]

\_\_\_\_\_ located at \_\_\_\_\_  
[NAME OF CURRENT OWNER] [ADDRESS OF UNIT]

1. Name: \_\_\_\_\_ Driver's Lic. # & State: \_\_\_\_\_  
[APPLICANT]

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
[CO-APPLICANT]

2. Vehicles: \_\_\_\_\_  
[MAKE] [MODEL] [YEAR]

\_\_\_\_\_ [MAKE] [MODEL] [YEAR]

3. Other persons who will reside with you:  
If no one will be residing with you, please indicate NONE: \_\_\_\_\_

NAME RELATIONSHIP AGE

NAME RELATIONSHIP AGE

4. Present address and telephone number of purchaser/leasee: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

STREET CITY STATE ZIP

5. Occupation of Purchaser/Leasee: \_\_\_\_\_  
(If retired, from what?)

6. Type and Number of Pets: \_\_\_\_\_

7. Has Applicant been approved for Golf membership at Mariner Sands Country Club? YES / NO

8. **FOR A PURCHASE:** I/We understand that this sale is subject to the Board of Governors of Mariner Sands Country Club, Inc. issuing a Release of Right of First Refusal. Accordingly, it is understood I/we will be subject to the Community Covenants of Mariner Sands as recorded in the Public Records of Martin County.

9. Do you plan to use this property as: (Please check any that apply)

- a. \_\_\_\_\_ Permanent Residence
- b. \_\_\_\_\_ Seasonal Residence
- c. \_\_\_\_\_ Income Property
- d. \_\_\_\_\_ Other, Please describe : \_\_\_\_\_

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I/We hereby acknowledge to have received a copy of the Mariner Sands Community Covenants and the \_\_\_\_\_ Association Rules and Regulations.  
[NAME OF ASSOCIATION]

This application does not cover golf membership, fitness center membership, or croquet membership. This application must be submitted with a check for \$50 made out to Foxcross COA to Bristol Management for approval. For further information, contact Bristol Management at 561-575-3551.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE