Make	Model	Year	License (State & Number)	
Make	Model	Year	License (State & Number)	
Automobiles:				
Full Names of	f Children who will reside	in home:		
Telephone Number:		Email addr	Email addresses:	
Lot #/Property	y Address:		Closing Date:	
Name(s):				
ELUB		Submit to: Indian Trails Club, Inc. c/o Elliott Merrill Community Management 835 20 th Place, Vero Beach, FL 32960 772-569-9853 (Phone) - 772-569-4300 (Fax) wcowan@elliottmerrill.com		
SIAN T	a to the second s		<u>CLUB ASSOCIATION</u> EGISTRATION FORM	

(Note: If the above information is not available at time of filing, vehicle identification must be filed with Elliott Merrill Management at time of occupancy. See restrictive covenants for limitations on types of vehicles and parking in Indian Trails Club).

Deliver information package to (check one): Seller _____ Purchaser _____

Certification:

Purchaser: The foregoing information is accurate and complete, to the best of my knowledge. I understand that, as a property owner and member of the Indian Trails Club Association, I agree to abide by the rules of the Association. I also acknowledge receipt of a full and up to date copy of the Indian Trails Declaration of Covenants and Restrictions, By-Laws, Articles of Incorporation and Community Design Guidelines.

Signature	Print Name	Date	
Signature	Print Name	Date	