

2025

MARINA SLIP RENTAL

lottery application



MEMBER DETAILS

FULL NAME: _____ LOT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED CONTACT: _____
(EMAIL/PHONE NO.)

WATERCRAFT UNIT: _____

SLIP SELECTION

CHOICE 1: # _____

CHOICE 2: # _____

CHOICE 3: # _____

CHOICE 4: # _____

CHOICE 5: # _____

MAP ON BACK

DEADLINE

This application is due to the
Association Office by:

FRIDAY
JANUARY
31

4:30 PM

DRAWING

The lottery will be held in the
Arrowhead Lodge on:

SATURDAY
FEBRUARY
15

11:00 AM

RESTRICTIONS

1) The State issued handicapped placard must be in the member's name or associate member's name, i.e., not extended family.

2) Marina slips are available only to members in good standing (*at the time of application submission*).

3) Marina slip rentals are available only to members with a currently registered watercraft unit.

LOTTERY PROCESS

In January, a percentage of marina slips in Row 1 will be available to handicapped members on a first-come, first-served basis. The member will provide documentation and payment, then receive a slip beginning with Row 1, starting from the Eastern-most slip (proceeding West) until all allocated slips are filled.

At the December 2024 Board of Director's meeting, a motion was passed to allocate 10% of the slips as handicapped, and any applicants beyond that number will go into the regular lottery system (Tier 1 and 2).

HANDICAP

No Lottery

Assigned in order
received (*first-come,
first-serve basis*).

1, 2, 3, 4, 5,
20, 21, 22, 23, 24

TIER 1

1ST Drawing

Members who
participated in the
previous year's
lottery, but did **NOT**
receive a slip at any
point in the year.

TIER 2

2ND Drawing

New applicants and
members who
received a slip at any
point during the
previous year.

I WAS SELECTED!

what's next?

1) Submit payment of
\$1,000 to the Association
Office by **April 1, 2025**.

2) Complete and sign the
Marina Slip Rental Agree-
ment by **April 1, 2025**.

3) Move-in available April 1!



HANDICAP PRIORITY MARINA SLIPS

1, 2, 3, 4, 5, 20, 21, 22, 23, 24

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A copy of the state Persons with Disabilities Certification form is required with this application. The State issued handicap placard must be in the member's name or associate member's name, i.e., not extended family.

ASSOCIATION OFFICE
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VARNA, IL 61375

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