



2017 Season Pass Enrollment Form

Date _____

Name _____

Phone (____) _____

Billing Address _____

City _____ State _____ Zip _____

If applicable, please list name(s) of family members and ages of children (**Must be in the same household and children must be 23 years or younger**)

Employee Membership (\$1,050+ \$170 additional family member)

First Year Membership (\$999+ \$200 additional family member)

Regular Membership (\$1,250+ \$200 additional family member)

Community Membership (\$950+ \$150 additional family member)

Junior/College Student Membership- Age 23 and younger (\$500)

Subtotal \$ _____

6.875% Sales Tax \$ _____

Total Amount Due \$ _____

Payment: **Check** **Payroll Payment**

Credit Card **Monthly Payment Plan**

Cash

Per Cap Payment

I do hereby agree to the total amount due listed above for a 2016 Golf Season Pass. The total amount due will be paid in full by October 15, 2017. If paid monthly, I agree to pay \$ _____ by the 5th of each month.

Signature: _____ **Date:** _____