

2023 Monthly & Season Pass



Type of Pass (please circle):

Single(year)	Joint(year)	Sr.(year)	Adult(month)	Junior(month)	Sr.(month)	
Player #1		E	Smail:			
Phone:		H	Iandicap GHIN#	(Included w/ Single/Joint year)		
Address:						
City:		State:	Zip Code:			
Payment:						
C.C. #:		Expira	tion Date:	Check #: Cash:		
Joint Passholder	Information					
Player #2		E	Email:			
Phone:		F	Iandicap GHIN#	(Included w/ Si	ngle/Joint year)	
Address:						
City:		State:	Zip Code:			
Payment:						
C.C. #:		Expira	tion Date:	Check #: Ca	k #: Cash:	
*Add 3% if pay	ing by charge ca	ard				
2023. Monthly I	Passholders may s	start utilizing		ay begin usage until De e 1 st of the following m L.G.C.		
By my Signature	e below I attest to	the following	:			
	•		ub rules & benefits a conditions set forth i	s set by management. n the contract.		
Player #1 Signature			Printed Name:		_ Date:	
Player #2 Signature			_ Printed Name: _	_ Date:		