

Date _____

Applicants Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email _____

Spouse's name (if necessary) _____

Children's name(s) and ages (if necessary)

1) _____

2) _____

3) _____

4) _____

Season pass type: _____

Season pass amount: \$ _____

Cart pass amount: \$ _____

Range pass amount: \$ _____

Handicaps (\$30pp): \$ _____

(Subtract early pay \$50 discount by 12/31/17) \$ _____

Sub Total \$ _____

(Add 5.5% tax) \$ _____

(Add \$5.00 CWGA Card) \$ **\$5.00**

Total: \$ _____

Payment method: _____

Received by: _____

THANK YOU!!! HAVE A GREAT GOLF SEASON