

# INSHALLA COUNTRY CLUB SEASON PASS APPLICATION

PLEASE INCLUDE THIS FORM WITH YOUR 2017 FEES. If payment plan is required please see Andy or John.  
**Discounted fees are only applicable to passes paid in full by April 1, 2017.** Checks will be held until and credit cards processed on 4/1/2017.

**PASS TYPES:** FULL LIMITED WEEKEND COMBO LEAGUE  
SINGLE COUPLE FAMILY JUNIOR COLLEGE

1) LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
BIRTHDAY: \_\_\_/\_\_\_/\_\_\_\_ SHIRT SIZE: S M L XL 2XL 3XL SHOE SIZE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

2) LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
BIRTHDAY: \_\_\_/\_\_\_/\_\_\_\_ SHIRT SIZE: S M L XL 2XL 3XL SHOE SIZE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

3) LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
BIRTHDAY: \_\_\_/\_\_\_/\_\_\_\_ SHIRT SIZE: S M L XL 2XL 3XL SHOE SIZE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

4+) LAST NAME: \_\_\_\_\_ FIRST NAME(s): \_\_\_\_\_  
BIRTHDAY: \_\_\_/\_\_\_/\_\_\_\_ SHIRT SIZE: S M L XL 2XL 3XL SHOE SIZE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## FORM OF PAYMENT

### CASH:

Cash Included: \$ \_\_\_\_\_

### CHECK:

Check #: \_\_\_\_\_ Check \$\$\$ Total: \_\_\_\_\_

### CREDIT CARD INFO: **A 2.5% Processing Fee will be applied to your Pass Total**

MasterCard, Visa or Discover cards valid beyond 5/17 only.

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ 3 Digit Verification Code On Back Of Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Golf Pass	_____
Range Pass	_____
Club Locker	_____
Cart Pass	_____
Trail Fee	_____
Cart Storage	_____
WSGA Fee	_____
<b>PASS TOTAL:</b>	_____
<b>2.5% FEE (CC)</b>	_____
<b>TOTAL DUE:</b>	_____
<b>TOTAL PAID:</b>	_____
<b>BALANCE:</b>	_____