

Bridlewood Players Pass Program

_____ Monthly Primary Member - \$59 + Tax /Additional Member \$30 + Tax

PLAYER PASS MEMBER INFORMATION

Last Name: _____ First Name: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

E-mail: _____

METHOD OF PAYMENT (-Please Circle One: Visa / M/C Discover Annually)

Address must be the same as the billing address for the credit card

Name on Card _____ Authorized Signature _____

Card Number _____ Exp.Date _____

Today's Date _____ Amount billed each month _____

Adding a family member – Please add a family member to my account. Family member must be on the immediate family, living at home and under the age of 23, unless addition is husband or wife. I hereby authorize Bridlewood Golf Club to charge an additional \$30 per month to my credit card per added family member. Bridlewood Golf Club reserves the right to approve all additional family members.

Date of addition _____ Last Name _____ First Name _____

Date of addition _____ Last Name _____ First Name _____

Date of addition _____ Last Name _____ First Name _____

PROGRAM CONDITIONS:

This is a month-to-month agreement. The individual registered in the Player Development Program is the person who has the privileges as stated below. To use the facility under the conditions as stated you must disclose your name every time. You will be charged monthly unless a 30 day written notice of cancellation is received by Bridlewood Golf Club. Cancellation will be effective 30 days after the month following written notification. Bridlewood Golf Club can cancel membership for any reason if needed.

Practice facilities and range balls are available for your use during normal operating hours. Practice facilities could be restricted or closed due to special events, maintenance, or weather conditions. Instruction staff will offer clinics each week. In the event of a special group tournament, maintenance practices, or weather conditions the golf course could be restricted, limited or even closed for play.

I hereby authorize Bridlewood Golf Club to charge my credit card the amount of \$59.00 plus applicable taxes per month plus any additional family members. Initial Here _____

Includes:
Unlimited Range Balls
Twilight Starts One Hour Early (1pm)
20% off Rack Rate (Discounted rates don't apply)
20% off Merchandise (Soft Goods Only)

For Office Use Only

Cancellation Date: _____

Final Month of Billing: _____

Signature: _____

Staff Signature: _____