



PLAYER PASS APPLICATION

Last Name: _____

First Name(s): _____ Date of Birth: ____/____/____
_____ Date of Birth: ____/____/____
_____ Date of Birth: ____/____/____
_____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (Cell): _____

E-Mail: _____

Emergency Contact Name and telephone #: _____

Please Check the following payment options:

() Monthly : (circle one)	Junior	\$25.00*/\$27.50	Individual	\$37.50*/\$42.50
	Senior	\$35.00*/\$40.00	Family	\$61.00*/\$65.00

(*) INDICATES ADDRESS INSIDE 30269 ZIP CODE

PLEASE SUBMIT YOUR MONTHLY PAYMENT WITH THIS FORM YOU WILL BE BILLED FOR SUBSEQUENT MONTHLY PAYMENTS. YOU MUST HAVE A CREDIT CARD ON FILE. ANY CHARGES TO YOUR CREDIT CARD WILL SHOW AS SEQUOIA GOLF.

IN THE EVENT OF AN INJURY YOU MAY HAVE A MEDICAL HOLD ON YOUR PASS UP TO 3 MONTHS WITH PHYSICIAN DOCUMENTATION.

I understand that all player passes are a one year, non-refundable contract
EXCEPTIONS: MOVING OUTSIDE A 60 MILE RADIUS OR PHYSICIAN DOCUMENTED INJURY.

Signature

Date

(Revised 4-01-19)