

Atchafalaya Golf Course at Idlewild

FAMILY ANNUAL PASS APPLICATION

I _____ agree to the family annual pass for The Atchafalaya Golf Course at Idlewild. The annual pass will give the purchaser, spouse and any dependents under the age of 21 paid green fees based upon availability (some events may cause the golf course to be unavailable). The renewal date of the family annual pass will be October 1st.

Purchaser Signature

(Date)

AGC Representative Signature (Date)

(Pro-rated annual fees apply throughout the year)

Family Annual Pass Paid in Full in Advance: (\$3,220.00 + Tax = \$3,477.60)

*Family Annual Pass Paid by the Month: (\$3,444.00 + Tax = \$3,760.00 or \$310.00/month)**

Amenities

- Unlimited Range Balls
- Cart Privileges
- Preferred Tee Times (General Public=5 days, Pass-Holder= 7 Days)
- 15% Discount on all Golf Shop Merchandise
- Handicapping Services

FAMILY PASS-HOLDER CONTACT INFORMATION

NAME (PRINT) _____

SPOUSE (PRINT) _____

DEPENDANTS (PRINT) _____

ADDRESS _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS _____

PHONE NUMBER: (HOME) _____ (WORK) _____

(CELL) _____

EMERGENCY CONTACT: _____

PHONE NUMBER: (HOME) _____ (WORK) _____

(CELL) _____

*** Must pay first two months in advance and agree to execute Credit Card Draft Authorization Agreement attached hereto.**