

Atchafalaya Golf Course at Idlewild

INDIVIDUAL ANNUAL RANGE PASS APPLICATION

I _____ agree to the individual annual pass for The Atchafalaya Golf Course at Idlewild. The annual pass will be accepted as a paid range fee based upon availability (some events may cause the golf course to be unavailable). The renewal date of the individual annual pass will be October 1st.

Purchaser Signature

(Date)

AGC Representative Signature (Date)

(Pro-rated annual fees apply throughout the year)

Individual Annual Range Pass (\$250.00 + Tax = \$270.00)

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

INDIVIDUAL PASS-HOLDER CONTACT INFORMATION

NAME (PRINT) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER: (HOME) _____

(WORK) _____

(CELL) _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT: _____

PHONE NUMBER: (HOME) _____

(WORK) _____

(CELL) _____