

# 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 or grandchildren 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 1<sup>st</sup>.

\_\_\_\_\_  
Purchaser Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
AGC Representative Signature (Date)

(Pro-rated annual fees apply throughout the year)

*Family Annual Pass Paid in Full in Advance: (\$2,750.00 + Tax = \$2,982.37)*

*Family Annual Pass Paid by the Month: (\$2,888.89 + Tax = \$3,133.00 or \$261.07/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.**