

Legend Trail Golf Club Season Pass Application 2008 Golf Season

Name: _____

Home Address _____

State _____ Zip _____ Home Phone _____

Email Address _____

Junior Applicants Only: Age _____ Date of Birth _____

(All Junior Applicants must attach a copy of birth certificate, driver's license or school ID, as proof of age.)
 (Junior Applicant must be 18 years or younger or a senior in High School to qualify.)

College Applicants Only: Age _____ Date of Birth _____

(All College Applicants must provide a student ID along with proof of age.)
 (College Applicants must be 23 years or younger and enrolled on a full-time basis at a college or university.)

Emergency Contact Person: _____ Phone Number _____

SEASON PASS FEES (All prices include 7% Iowa sales tax)

	Before April 15 th	After April 15 th
_____ Family Pass.....	428.00	535.00
_____ Single Pass.....	347.75	374.50
_____ College Pass.....	192.60	192.60
_____ Senior Pass.....	314.00	364.00
_____ Junior Pass.....	85.60	85.60
_____ Trail Fee.....	107.00	107.00
_____ Cart Shed Storage..	267.50	267.50
_____ Yearly Cart Ride..	535.00	535.00
_____ Family Range.....	294.25	294.25
_____ Single Range.....	214.00	214.00
_____ Senior. Range.....	187.25	187.25
_____ College Range.....	187.25	187.25
_____ Junior Range.....	133.75	133.75

Total Payment _____

Please indicate your season pass choices above.

Date _____ Signed _____

By signing this application I understand and agree to the policies and procedures as established by Legend Trail Golf Club. I also agree to act in a manner consistent with these policies and abide by all facility rules while on Legend Trail property.