

**CROOKED CREEK GOLF CLUB
LEAGUE PREPAY
APPLICATION**

League: _____

Day & Time of League: _____

Golfer Name: _____

Street Address: _____

City: _____

Zip: _____

Phone #: _____

E-mail address (Optional): _____

PAYMENT PLAN

OPTION # ONE (5% DISCOUNT)

PREPAY FULL SEASON
NUMBER OF WEEKS _____ x \$14.25 = _____ x .95 = _____
TOTAL

OPTION # TWO

PREPAY 1/2 SEASON
NUMBER OF WEEKS _____ X \$14.25 = _____
Payment One Date: _____ TOTAL

NUMBER OF WEEKS _____ X \$14.25 = _____
Payment Two Date: _____ TOTAL

PAYMENT METHOD

CASH: _____

CHECK#: _____

CREDIT CARD: _____

ACCEPTED BY: _____

PAYMENT DATE: _____

GOLFER SIGNATURE: _____