

**SWAN VALLEY 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 \$14.50 = _____ x .95 = _____
TOTAL

OPTION # TWO

PREPAY 1/2 SEASON

NUMBER OF WEEKS _____ X \$14.50 = _____

Payment One Date: _____ TOTAL

NUMBER OF WEEKS _____ X \$14.50 = _____

Payment Two Date: _____ TOTAL

PAYMENT METHOD

CASH: _____

CHECK#: _____

CREDIT CARD: _____

ACCEPTED BY: _____

PAYMENT DATE: _____

GOLFER SIGNATURE: _____