



Crab Orchard Golf Club

Application for Player's Pass

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Alternative Phone _____

Email _____

Driver's License# _____ State Issued _____

I understand that I am applying for a Player's Pass at Crab Orchard Golf Club which will entitle me to half price fees on the list of applicable fees. I understand that I must follow club policies and failure to do so will result in revocation of my pass with no refund. Pass is not transferrable and usable only by the player issued to.

Pass valid until Feb. 28, 2019

Signature _____



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