

## Kiskiack Associate Golf Pass

Name: (Please print)				
Address:		(first)	(last)	(mi.)
	(number & street)	(city)	(state)	(zip code)
Home Phone: (	)	E-Ma	il Address:	
Cell Phone: (	)	Birthda	ate:	
			(Wolfin / day / yea	μ)
A	ssociate Golf Pa	ass Membership <sub>l</sub>	privileges, rules,	and regulations
Rounds canno	ot be split into 9 He y, MLK Day, Mem	ole rounds. Cannot	be used on the foll	with cart included. Complimentary owing holidays, New Years Day, s Day, Thanksgiving and Christmas
	ill receive discount lle Rates	ed rates throughout	the 2024 golfing se	eason.
• • • 9 Hole		nd November-Dece 49.00 after 11:00am		3 Holes after 11:00am
•	January-March as	nd November-Dece 34 for 9 Holes after		Holes after 11:00am
<ul> <li>Pass holder w</li> </ul>	ill receive a 15% di	scount on pro-shop	merchandise. (Sof	t goods only)
<ul> <li>Associate Golf Pass expires on 12/31/2024, any unused complimentary rounds will be forfeited.</li> </ul>				
<ul> <li>Associate Golf Pass is only valid for the purchaser of the card and ID will be required for use.</li> </ul>				
• Must present Associate Golf Pass at check-in to receive complimentary rounds as well as discounted rates.				
			older will still receiv	ve discounted rates but will loose any
-	y rounds that were Pass per individual i			
			rchase 2025 pass if	program is available.
	apleted the above inf ip privileges, rules, a		of my knowledge. I a	gree to the Associate Golf Pass
Signature:			Date:	(Month / day / year)
				(Month / day / year)
		Office use Only-		
Date Purchased:		POS order Number: _		

Sold By: