

2017
Country Oaks Golf Club
Advantage Pass Application

Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Cell: _____

Email: _____

(PLEASE FILL OUT ALL INFORMATION ABOVE)

<u>Advantage Pass Type:</u>	<u>Name</u>	<u>Cost</u>
Primary Holder		
Additional Holder		
Additional Holder		
Additional Holder		
Cart Pass		
Additional Cart Pass		
Junior Membership		
TOTAL DUE:		

Cart Pass valid March 1 thru December 17th (Weather Permitting)

I understand and will abide by the policies and guidelines set forth by Country Oaks Golf Club:

Signature and Date: _____

Payment Type: Check _____ CC _____ Cash _____

Date of Payment: _____

Credit Card (Visa or Mastercard): _____

Expiration Date: _____

Make Checks Payable To:

Country Oaks Golf Club

5064 E US Hwy 50

Montgomery, IN 47558

Call The Pro Shop @ (812) 486-3300 or visit our website at www.countryoaksgolfclub.com