MUROC LAKE GOLF COURSE GUEST PASS APPLICATION



Complete From and Mail To:

Muroc Lake Golf Course 111 Crest Drive, Bldg. 5611 Edwards, CA. 93524-0001

Print: (Mr., Mrs., or Ms.) First Name, Middle Name, Last	t Name
Name of Employer:	
Driver's License Number / Issuing State / Issue Date / Ex	piration Date
SSN:	
Date of Birth:	
Place of Birth:	
Citizenship:	
Hair Color / Eye Color / Weight / Height	
Home Address:	
State:	Zip:
Home: (
Cell: ()	
Fax: ()	
Email:	
·	
oignature:	Date:
ouo:	
FSS/FSCG Golf Manager and 412 FSS/FSW Flight Chief	
rinted Name: <u>DON HUISJEN</u> or <u>BILLY HAMPTON</u>	,
SOIN HOISSEN OF BILLY HAMPTON	