

Saginaw Valley Public Golf Course  
7255 S. Three Mile Rd. Bay City, MI 48706  
989.684.2611

**2018 Golf Pass Application & Contract**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Members Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**Annual Fees: LIMITED TO FIRST 60 THAT SIGN UP!**

**Single Weekday Golf Pass Monday-Thursday** **\$895.00** \_\_\_\_\_

**Cart Included**

\*Additional Family member \$395.00 \_\_\_\_\_

**Single Weekday Golf Pass Monday-Friday** **\$995.00** \_\_\_\_\_

**Cart Included**

\*Additional Family member \$395.00 \_\_\_\_\_

**Single Seven Day Golf Pass Monday – Sunday** **\$1395.00** \_\_\_\_\_

**Cart Included**

\*Additional Family member \$395.00 \_\_\_\_\_

**Total** \_\_\_\_\_

\*If you purchase an additional family member pass for your spouse or significant other, it will also include all family members living in your household under age 25 who are full time students.

*This is an annual contract.*

***Mail to: Saginaw Valley Public Golf Course 7255 S. Three Mile Rd. Bay City, MI 48706***

*Please submit check or supply credit card information below.*

Name as appears on credit card \_\_\_\_\_ Exp Date. \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_