



# Saginaw Valley Public Golf Course

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

## 2021 Golf Pass Application & Contract

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

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

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

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

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

### ANNUAL FEES:

**Single Weekday Golf Pass Monday-Thursday** **\$995.00** \_\_\_\_\_  
**Cart Included**

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

**Single Weekday Golf Pass Monday-Friday** **\$1100.00** \_\_\_\_\_  
**Cart Included**

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

**Single Seven Day Golf Pass Monday – Sunday** **\$1400.00** \_\_\_\_\_  
**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 \_\_\_\_\_