Atchafalaya Golf Course at Idlewild

INDIVIDUAL ANNUAL PASS APPLICATION

I	agree to the	individual annual pass for The Atchafalaya Golf
	The annual pass will ents may cause the	be accepted as a paid green fee based upon golf course to be unavailable). The renewal date
Purchaser Signature	(Date)	AGC Representative Signature (Date)
	(Pro-rated annual fe	es apply throughout the year)
		in Advance: (\$2,550.00 + Tax = \$2,779.50) Month: (\$2,688.89 + Tax = \$2,930.89 or
	es Times (General Pu t on all Golf Shop N	blic=5 days, Pass-Holder= 7 Days) Merchandise
NAME (PRINT)		AL PASS-HOLDER Γ INFORMATION
ADDRESS		
CITY/STATE/ZIP		
E-MAIL ADDRESS_		
EMERGENCY CON	TACT:	
PHONE NUMBER:	(HOME)	
	(WORK)	
	(CELL)	

^{*} Must pay first two months in advance and agree to execute Credit Card Draft Authorization Agreement attached hereto.