



ROCKLEDGE GOLF CLUB
GOLF PASS

REGISTRATION FORM

YEAR: _____

GOLFER #: _____

LINK #: _____										BIRTH DATE: _____									
Driver's License #																			
NAME: _____																			
First							Last												
ADDRESS: _____																			
Street																			
_____					_____					_____									
City					State					Zip									
H PHONE: _____										W PHONE: _____									
CELL PHONE: _____																			
E-MAIL ADDRESS: _____																			

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EMERGENCY CONTACT: _____														
PHONE #: _____														

GOLFER TYPE: _____

ACTIVE DATE: _____

EXPIRE DATE: _____

LOCKER #: _____

<u>NO</u> REFUNDS

I hereby certify that the information provided above is true and accurate. I acknowledge and understand that if any of that information is not correct, my golf pass may be revoked, in which case I will **not** receive a refund of the purchase price or any portion thereof.

Customer Signature Date