



2011 Resort Course Season Passes

Name _____
 (Please print) Last First Middle

Home Phone _____ Office Phone _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____ Date of Birth _____ Date of Purchase _____

I HEREBY make this application to join the Resort Course Season Pass Program at Genoa Lakes Golf Club. I agree to abide by the Club Rules as they now exist or may hereafter be amended. I understand that as a Season Pass holder, I incur no liability for the debts of the Club, nor do I have any proprietary interest in the asset of the Club and/or the Golf Courses, nor do I acquire any rights to the use of the Club facilities except as expressly provided by the Club Rules. I understand that the courses availability may become restricted due to maintenance, tournaments and or special events. I also acknowledge receipt of a copy of this application and the Club Rules. **Cancellation Policy:** The Monthly member may elect to cancel, but must do so in writing via letter or fax no less than 30 days prior to the next billing cycle. Monthly dues are payable by the 5th of each month. All memberships canceled will be required to return their membership card to the Golf Club.

Select	Resort Course Season Passes	Details
	\$199/mo UNLIMITED April-November	\$12 cart fee-pp/per round
	\$799 Midweek (M-F) April-November	\$12 cart fee-pp/per round + \$50 range key + 4 friends & family @ Resort Course for \$35/pp
	\$1199 UNLIMITED (M-F) April-November	\$12 cart fee-pp/per round + \$50 range key + 4 friends/family 5 FREE group lessons, 15% off in Pro Shop + Men's/Women's Club w/ NNGA membership
	\$1799 1 year pass 365 days from date of purchase	Cart included + \$50 range key + 4 friends/family 5 FREE group lessons, 15% off in Pro Shop + Men's/Women's Club w/ NNGA membership + FREE GPS & 2 ROUNDS @ The Lakes Course

Date: _____ By signing this application, I also agree and understand that I will be required to pay for starting times for which I fail to follow club rules and guidelines of 48-hour notification of cancellation. I understand I must furnish a credit card number which will remain on file for the duration of this agreement, authorizing the Club to charge for guaranteed payment of starting times not canceled appropriately I prefer my annual fee or monthly dues (payable by the 5th of each month) be charged to my:

Visa
 MasterCard
 American Express
 Discover

Account# _____ Exp.Date _____

Signature: _____ Date: _____ Referred by: _____

Member #: _____ Authorized _____

Representative: _____ Dated: _____