

TERRITORY GOLF CLUB SEASON PASS 2010 APPLICATION/INVOICE

(All Season Passes, except Junior Season Pass, INCLUDES CART)

Select:		Amount \$\$	_____
<input type="checkbox"/>	Single Season Pass (<i>includes cart</i>)	@ \$1295.00	_____
<input type="checkbox"/>	2-Person Family Season Pass (<i>includes cart</i>)	@ \$1595.00	_____
	<input type="checkbox"/> Additional Family Member	@ \$150.00	_____
<input type="checkbox"/>	Junior Season Pass (ages 13 thru 18)	@ \$395.00	_____
<input type="checkbox"/>	Young Adult Season Pass (<i>incl./cart</i>) (under 30 yrs)	@ \$995.00	_____
<input type="checkbox"/>	Young Adult with Spouse (<i>incl./cart</i>) (under 30 yrs)	@ \$1195.00	_____
<input type="checkbox"/>	Senior Season Pass (<i>incl./cart</i>) (age 55 +)	@ \$995.00	_____
<input type="checkbox"/>	Senior with Spouse (<i>incl./cart</i>) (age 55 +)	@ \$1195.00	_____
<input type="checkbox"/>	Corporate Season Pass (<i>incl./cart</i>) (2 designees)	@ \$2195.00	_____

Minnesota State Tax @ **6.875%** _____

TOTAL _____

NAME/S: Pass Holder _____
 - 2nd Family Member (Family & Sr. Couple Season Pass only) _____
 - Additional Family Member (Family Season Pass only) _____
 - 2nd Corporate Designee (Corporate Season Pass only) _____

COMPANY (Corporate Season Pass only) _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

E-MAIL: _____

AGE: (Senior Only) _____ (Must show ID at Check-In)

PAYMENT: INDICATE PAYMENT OPTION BELOW AND RETURN TO TERRITORY GOLF CLUB

CHECK ENCLOSED or BILL MY CREDIT CARD

CREDIT CARD TYPE: _____ EXP DATE: _____

CREDIT CARD NUMBER: _____

SIGNATURE: _____

Return to: **TERRITORY GOLF CLUB**
ATTN: SEASON PASS
480 – 55th AVENUE SE
ST. CLOUD, MN 56304