



- Renewal
Pass Holder # _____
- New

SEASON PASS APPLICATION/INVOICE
ALL SEASON PASSES INCLUDE FREE CART USE
Excluding Junior Season Pass

Select:		Amount \$\$	
<input type="checkbox"/> <i>Single</i> Season Pass (includes cart)	@	\$1295.00	_____
<input type="checkbox"/> <i>2-Person Family</i> Season Pass (includes cart)	@	\$1595.00	_____
<input type="checkbox"/> Additional Family Member	@	\$150.00	_____
<input type="checkbox"/> Additional Family Member	@	\$150.00	_____
<input type="checkbox"/> Additional Family Member	@	\$150.00	_____
<input type="checkbox"/> <i>Junior</i> Season Pass (ages 13 thru 18)	@	\$395.00	_____
<input type="checkbox"/> <i>Young Adult</i> Season Pass (incl./cart) (under 30 yrs)	@	\$995.00	_____
<input type="checkbox"/> <i>Young Adult with Spouse</i> (incl./cart) (under 30 yrs)	@	\$1195.00	_____
<input type="checkbox"/> <i>Senior</i> Season Pass (incl./cart) (age 60 +)	@	\$995.00	_____
<input type="checkbox"/> <i>Senior with Spouse</i> (incl./cart) (age 60 +)	@	\$1195.00	_____
<input type="checkbox"/> <i>Corporate</i> Season Pass (incl./cart) (2 designees)	@	\$2195.00	_____
<input type="checkbox"/> Additional Corporate Season Pass	@	\$995.00	_____
<input type="checkbox"/> Additional Corporate Season Pass	@	\$995.00	_____
	Minnesota State Tax @	6.875%	_____
TOTAL			_____

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

<input type="checkbox"/> CHECK ENCLOSED <u>or</u> <input type="checkbox"/> 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
Phone: (320)258-4653



Renewal
Pass Holder # _____

New

SEASON PASS APPLICATION/INVOICE
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Excluding Junior Season Pass

NAME/S: Pass Holder: _____

- 2nd Pass Holder _____
(Family & Sr. Couple Season Pass only)

- Additional Family Member(s) _____
(Family Season Pass only)

_____ (Family Season Pass only)

_____ (Family Season Pass only)

COMPANY: (Corporate Season Pass only) _____

- 2nd Corporate Designee: _____
(Corporate Season Pass only)

- 3rd Corporate Designee: _____
(Corporate Season Pass only)

- 4th Corporate Designee: _____
(Corporate Season Pass only)

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

E-MAIL: _____

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

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