

# 2024 SEASON PASS APPLICATION & AGREEMENT

NAME					
CLASSIFICATION		AMOUNT PAID			
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER					
EMAIL					
DATE OF BIRTH					
GHIN #					

## FAMILY INFORMATION

PARTNER NAME					
PHONE NUMBER					
EMAIL					

## ELIGIBLE CHILDREN

NAME		DOB	
NAME		DOB	
NAME		DOB	
NAME		DOB	

**PLEASE MAKE CHECKS PAYABLE TO ONTARIO GOLF PARTNERS, LLC**

**3% CREDIT CARD PROCESSING FEE**

**I HERBY AGREE TO ABIDE BY ALL ONTARIO GOLF CLUB (OGC) PASS HOLDER**

**POLICIES AND PROCEDURES. I UNDERSTAND MANAGEMENT RESERVES THE RIGHT TO  
AMEND OR CHANGE POLICIES FROM TIME TO TIME. I CONSENT TO RECEIVE OGC NEWS  
AND INFORMATION VIA THE EMAIL ADDRESS ON THIS APPLICATION MOVING FORWARD.**

NAME			
SIGNATURE		DATE	