

2024-2025 ANNUAL GREENS FEE PASS INVOICE Individual and Family Form

| NAME: | | | | | (ISTING PASS #: | |
|---------------------------------|---------------------------|------------------|--------|--------------------|--------------------------|----------------|
| MAILING ADDRESS: | STREET ADDRESS: | | | | | |
| CITY: | STATE: ZIP CODE: | | | | | |
| HOME PHONE: | CELL PHONE; | | | | | |
| E-MAIL: | | | | ÷ | | |
| | | | | | | |
| Place check mark indicating F | Pass Type | | | | k mark indicating use c | of Bank Draft* |
| PASS TYPE | √ AMOUNT | | _ | TOTAL | BANK DRAFT | V |
| Annual Individual | \$1,095.89 | | | \$1,200.00 | \$100.00 | |
| Annual Family | \$1,369.86 | \$130. | 14 | \$1,500.00 | \$125.00 | |
| Sr Citizen (65+) | \$913.24 | \$86.7 | 6 | \$1,000.00 | \$83.33 | |
| Military Individual | \$821.92 | \$78.0 | 8 | \$900.00 | \$75.00 | |
| Military Family | \$1,095.89 | \$104. | 11 | \$1,200.00 | \$100.00 | |
| Student | \$136.99 | \$13.0 | 1 | \$150.00 | | |
| College Student/semester | \$228.31 | \$21.6 | 9 | \$250.00 | | |
| Non Resident/50 miles + | \$547.95 | \$52.0 | 5 | \$600.00 | \$50.00 | |
| Unlimited Cart/Single | \$821.92 | \$78.0 | 8 | \$900.00 | \$75.00 | |
| Unlimited Cart/Family | \$1,095.89 | \$104. | 11 | \$1,200.00 | \$100.00 | |
| Locker | \$25.00 | \$2.3 | \$2.38 | \$27.38 | | |
| Limited Play/30 rounds | \$425.00 | \$40.3 | 8 | \$465.38 | | |
| GRAND TOTAL DUE | | | | | | |
| Family Pass or Family Pa | _ | LY SPOUSE (√ |) | CHILD (√) | CHILD'S BIRTHI | DATE |
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| | | | | | | |
| Make checks payable to Clinton | n Recreational Authorit | y & Remit to P.C |). Bo | x 1177, Clinton, O | K 73601 | |
| You may make your payment in | ı person at City Hall, 41 | 5 Gary Blvd, Cli | nton, | , OK. | | |
| Payments by Credit Card must | be made at City Hall. | | | | | |
| By my signature below, I affirm | that I will abide by the | Course Rules a | s est | ablished by the Cl | linton Recreational Autl | hority. |
| Further, I understand that by m | y signature I am agreei | ng to the terms | of pa | ıyment as stated ε | ibove. | |
| | | | | | | |
| Signed: Date: | | | | | | |
| | | | | | | |

Every Member Must Fill Out This Membership Form
New Membership Cards Will Not Be Mailed Until We Receive This Completed Form.