



ROCK RIVER GAP, INC.

3901 Dixon Ave.
 Rock Falls, IL 61071
 Office 815-625-2387
 Pro Shop 815-625-2322

RRGap, Inc. 2021 Application Form For Golf Passes

Name of Applicant : _____ Date: _____

Date of Birth: _____ Email Address: _____

Spouse Name : _____

Date of Birth: _____ Email Address: _____

Billing Address: _____

Home Phone: _____ Cell Phone: _____

Type of pass: (Check All boxes that apply)

Golf Passes

Include:
 Unlimited Golf, and
 passholder account
 charging privileges

- Single with Cart \$1300.00
- Couples w/Cart \$1550.00
- Family/GP w/ Cart \$1650.00
- Senior Walking Only \$850.00

- Single Range Pass \$175.00
- Couples Range Pass \$250.00
- Family Range Pass \$300.00
- Jr under 18 no cart \$200.00
- Jr 18-23 w/cart \$800.00
- Highschool Team Pass \$150.00
No cart

Military 10% Discount

- Handicap Fee \$50 each
- Club Storage \$150
- Locker Rental \$75
- Pull Cart Storage \$50

Name of person(s) Handicap Fee is for :

All information must be complete for account to be accepted

Name of all Family Members on Family Passes

Name	Age:
_____	_____
_____	_____
_____	_____
_____	_____

Can they charge on
 this account

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Course Code Of Conducts:

Please read the following rules of the course and sign below to agree to adhere to the below rules while playing. Infractions will result in immediate removal from our property and loss of all fees for the day. This applies to members as well as daily players. Thank you for your understanding.

- 1) All players must check in at the proshop
- 2) No Food or Beverages may be brought onto the property.
- 3) No using the course as a driving range
- 4) Two players 1 cart. If you want a single cart you will be charged for both seats
- 5) Obey all cart traffic signs as they may change with weather
- 6) Keep carts on cart path around all greens & tees. There are green stakes marking boundaries around the green
- 7) No carts in any of the long grasses/No mow areas
- 8) Use tunnel when crossing to and from the back nine
- 9) Repair and replace divots

Signature of applicant: _____ Date: _____

Credit Card Information is required for all accounts PLEASE PRINT INFO BELOW

Type of Card: _____ Account # _____

Exp. Date: _____ Security Code: _____ Name on card _____

Would you like us to auto bill this card each month for your account charges? YES NO

*It is understood that bills Not Paid by the 25th of the month will be charged to the above credit card
A 3% Transaction fee will be added for all Pass Fees paid by Credit Card
However this fee is not added on Auto Billing your credit card each month

Signature of applicant: _____ Date: _____

RRGAP, INC Office Info:

Total Purchased: _____ Other Account Notes: _____

Items added after pass was purchased: _____

of Handicap Fees purchased: _____

Paid by Check: total amount collected _____ Check # _____

Paid by Credit Card: total amount collected _____ 3% Fee \$ _____

Paid By Cash: total amount collected _____
