

ROCK RIVER GAP, INC.

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

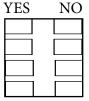
RRGap, Inc. 2021 Application Form For Golf Passes

Name of Applicant :	Date:
Date of Birth:	Email Address:
Spouse Name :	
Date of Birth:	Email Address:
Billing Address:	
Home Phone: Type of pass: (Check A Golf Passes Include: Unlimited Golf, and passholder account charging privileges Military 10% Discoun	Couples Range Pass \$250.00Single with Cart \$1300.00Family Range Pass \$300.00Couples w/Cart \$1550.00Jr under 18 no cart \$200.00Family/GP w/ Cart \$1650.00Jr 18-23 w/cart \$800.00Senior Walking Only \$850.00Highschool Team Pass \$150.00Handicap Fee \$50 eachName 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

 Can they charge on this account



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 #	
/1 —		

Exp. Date:	Security Code:	Name on card	
1	/		

Would you like us to auto bill this card each month for your account charges?	YES	
		1

*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

NO

Signature of applicant:		Date:
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RRGAP, INC Office Info:

Total Purchased:		Other Account Notes:	
Items added after pass # of Handicap Fees pr	-		
Paid by Check:	total amount collected _	Check #	
Paid by Credit Card:	total amount collected	3% Fee \$	_
Paid By Cash:	total amount collected		