



ROCK RIVER GAP, INC.

3901 Dixon Ave.

Rock Falls, IL 61071

Office 815-625-2387

Pro Shop 815-625-2322

RRGap, Inc. 2025 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 \$1450.00

Couples w/Cart \$1650.00

Jr under 18 no cart \$500.00

Family/GP w/ Cart \$1750.00

Senior Walking Only \$950.00

Military 10% Discount

Club Storage \$175

Locker Rental \$100

Pull Cart Storage \$175

All information must be complete for account to be accepted

Name of all Family Members on Family Passes

Can they charge on
this account

Name

Age:

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 charging accounts. **YOU CAN NOT CHARGE ON AN ACCOUNT WITHOUT A CREDIT CARD ON FILE....** 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

Signature of applicant: _____ Date: _____

RRGAP, INC Office Info:

Total Purchased: _____ Other Account Notes: _____

Items added after pass was purchased: _____

Paid by Check: total amount collected _____ Check # _____

Paid by Credit Card: total amount collected _____

Paid By Cash: total amount collected _____
