



# Season Pass-Holder Information

( Please Print CLEARLY )

Name(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Summer Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Winter Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please mark the appropriate boxes and return your completed form along with your payment made payable to -

**Eagle River Golf Course • P.O. Box 1269 • Eagle River • WI 54521**

Quantity

- Single Adult Green Fee Pass ..... \$ 825
- Couple Green Fee Pass ..... \$1200
- Junior Green Fee Pass ..... \$ 225
- Single Cart Fee Pass ..... \$ 650
- Couple Cart Fee Pass ..... \$ 1100

**Total Enclosed**      \$ \_\_\_\_\_

**I (we) agree to follow all ERGC Player Rules and acknowledge that not adhering to them may result in the forfeiture of the pass(es).**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*