

DEERFIELD GOLF CLUB & LEARNING CENTER

WEEKEND PERMANENT TIME APPLICATION FORM

On which day will you play (You must choose one): SAT _____ SUN _____

Player 1

Name (Print) _____

Street Address _____

City/State/Zip Code _____

Email Address _____

Primary Phone _____ Secondary Phone _____

(Office Use Only-Credit card information obtained on pass application: _____)

Player 2

Name (Print) _____

Street Address _____

City/State/Zip Code _____

Email Address _____

Primary Phone _____ Secondary Phone _____

(Office Use Only-Credit card information obtained on pass application: _____)

Player 3

Name (Print) _____

Street Address _____

City/State/Zip Code _____

Email Address _____

Primary Phone _____ Secondary Phone _____

(Office Use Only-Credit card information obtained on pass application: _____)

Player 4

Name (Print) _____

Street Address _____

City/State/Zip Code _____

Email Address _____

Primary Phone _____ Secondary Phone _____

(Office Use Only-Credit card information obtained on pass application: _____)