

SHADOWBROOKE GOLF COURSE

3192 State Highway 7 PO Box 575 Lester Prairie, MN 55354

Phone (320) 395 – 4250

Web: www.shadowbrooke.com E-mail: golf@shadowbrooke.com

2018 MEMBERSHIP FORM

Single Membership	\$475 plus tax	\$32.65	=	\$507.65	_____
Joint w/Spouse	\$695 plus tax	\$47.78	=	\$742.78	_____
Each Junior on Parent's Membership*	\$135 plus tax	\$9.29	=	\$144.29	_____
Junior Membership*	\$195 plus tax	\$13.40	=	\$208.40	_____
College Membership*	\$295 plus tax	\$20.28	=	\$315.28	_____
	MUST BE FULL TIME STUDENT. INCLUDE COPY OF CURRENT COLLEGE ID & PROOF OF FULL-TIME STATUS WITH APPLICATION.				
	TOTAL				_____

Note: Please fill out and include amount on attached form.

There will be an additional \$10 charge if a credit card is used.

**\$25 discount for military veterans, police, and firefighters. Must provide proof of service.
Does not apply to college memberships (since already discounted) or early bird pricing.**

JUNIOR MEMBERSHIPS - Junior passes are valid weekdays anytime, weekends, and holidays after 2:00 p.m. If juniors wish to play prior to 2:00 p.m. on weekends and holidays, they can pay \$10 for 9 or 18 holes, and play prior to 2:00 p.m. Juniors are high school graduates for the year 2018 and younger.

COLLEGE MEMBERSHIPS – Must be a “**FULL TIME**” college student. A current college ID card showing status for 2018 and proof of full-time status is required to receive discount. College students must include copy of college ID and proof of full-time status with application.

Note: Memberships are not assignable or transferable. Season passes must be paid in full before the pass is allowed to be used. Golfers who pay daily fees prior to purchase of a membership will NOT be refunded and/or reimbursed for their daily fee paid prior to membership purchase. Please respect this by not asking our counter help for reimbursement. Memberships do not include riding carts.

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NAME: _____ SPOUSE:

ADDRESS: _____

BOX NO: _____

CITY: _____ STATE: _____

ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE NO: _____

TOTAL ENCLOSED: _____

TYPE OF
MEMBERSHIP: _____

JUNIOR MEMBER:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

SIGNATURE OF MEMBER _____

-----SHADOWBROOKE STAFF SECTION-----

DATE PAID _____

AMOUNT RECEIVED

EMPLOYEE SIGNATURE _____

