

**PLEASE FILL OUT INFORMATION
AND SEND ALONG WITH PAYMENT**

Please Print

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE #: _____

EMAIL: _____

TYPE OF MEMBERSHIP (Please select)

7 DAY____ **7 DAY COUPLE**____ **SENIOR**____ **SENIOR COUPLE**____

WKDAY____ **WKDAY COUPLE**____ **JUNIOR**____ **FAMILY**____

YOUNG PROFESSIONAL_____

PAYMENT METHOD:

CHEQUE____ **VISA**_____

MASTERCARD____ **AMEX**_____

CREDIT CARD NUMBER:

_____ **EXP**_____

SIGNATURE: _____

DATE: _____

2010

Golf Pricing



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