



# Corporate Package Enrollment Form

Date \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

**Authorized Users of Account:** Please list all persons designated to authorize use of the golf/cart passes and to put charges on the corporate account. List the *primary* contact person for your membership first.

<u>Name</u>	<u>Title</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Package Level:</b> (\$110 + tax per round)	20 rounds	\$2,200
	40 rounds	\$4,400
	Custom # of rounds	_____

**Subtotal** \$ \_\_\_\_\_

**5½% Sales Tax** \$ \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

**Payment:**

Check is attached

Credit Card - Please charge fees to my:

Visa

MC

Discover

Amex

Name of Cardholder \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Troy Burne Golf Club, Attn: Golf Shop, 295 Lindsay Road, Hudson, WI 54016  
Email completed form to: [dtentis@troyburne.com](mailto:dtentis@troyburne.com), Phone 715-381-9800, Ext. 1