



Lehman Pass Enrollment Form

Date _____

Name _____ Phone (_____) _____

Billing Address _____

City _____ State _____ Zip _____

Email _____

If applicable, please list all family members using the privileges, and ages of children:

Golf

- ___ Lehman Pass..... \$4,395
- ___ Restricted Lehman Pass (Blackout:Weekends before <12pm)..... \$3,695
- ___ Spouse/Family Add per person, 17 and under complimentary (Same rules as Junior Pass) \$850
- ___ Unlimited Golf Car Lehman Passholder.....\$950
- ___ Spouse/Family Golf Car Add\$500
- ___ Junior Pass (TT's through Golf Shop, Monday - Tuesday anytime,\$895
Wednesday - Thursday <9AM >3PM, Friday >4, Weekends and Holidays after 3PM)

Credit Card Service Charge 3% \$ _____

Subtotal \$ _____

5½% Sales Tax \$ _____

Total Amount Due \$ _____

Payment: ___ Check

___ Credit Card:

___ Visa ___ MC ___ Discover ___ Amex

Name of Cardholder _____

Card Number: _____

Expiration Date: _____ **Security Code:** _____ **Zip Code:** _____

Signature: _____