



## Players Card

Date \_\_\_\_\_

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Interested in:      \_\_\_ Men's Thursday Evening Play      \_\_\_ Junior Golf Program

Level:	___	Players Card Single	\$399.00 + tax
	___	WSGA Handicap Fee	\$30.00
		<b>Subtotal</b>	\$ _____
		<b>5½% Sales Tax</b>	\$ _____
		<b>Total Amount Due</b>	\$ _____

Payment:      \_\_\_ Check is attached

\_\_\_ Credit Card - Please charge fees to my:

\_\_\_ Visa      \_\_\_ MC      \_\_\_ Discover      \_\_\_ Amex

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

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

Expiration: \_\_\_\_\_ 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