



**Lehman Pass Enrollment Form**

Date \_\_\_\_\_

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

Billing Address \_\_\_\_\_

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

Email \_\_\_\_\_ Family members using the privileges, and ages:

**Golf**

- \_\_\_ Lehman Pass..... \$4,615
- \_\_\_ Restricted.Lehman Pass (Blackout:Weekends before <12pm)..... \$3,880
- \_\_\_ Spouse/Family Add per person, 17 and under complimentary (Same rules as Junior Pass) \$895
- \_\_\_ Unlimited Golf Car Lehman Passholder.....\$1,000
- \_\_\_ Spouse/Family Golf Car Add .....\$500
- \_\_\_ Junior Pass (TT's through Golf Shop, Monday - Tuesday anytime, ..... \$950
- \_\_\_ 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:** \_\_\_\_\_

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