Troy Burne

Players Card

Date_____

Name _____**Phone** (_____) _____

Address _____

City _____ **State**_____ **Zip**_____

Email _____

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

Level: **____** Players Card Single $425.00 + tax

____ WSGA Handicap Fee $30.00

Credit Card Service Charge 3% **$**_____

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: _____ **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@troyburne.com, Phone 715-381-9800, Ext. 1