



2016 Season Pass Enrollment Form

Date _____

Name _____

Phone (____) _____

Billing Address _____

City _____ State _____ Zip _____

Email _____

_____ Season Pass \$1250.00 (course open-course closing in 2016)

_____ Additional Family Member(s) **Must be in the same household** (\$200.00 per person)-Children must be 22 years of age or younger

If applicable, please list name(s) of family members and ages of children

Subtotal \$ _____

6.875% Sales Tax \$ _____

Total Amount Due \$ _____

Payment: _____ Check

_____ Credit Card _____ Visa _____ MC _____ Disc _____ Amex

Name of Cardholder: _____

Card Number: _____ Exp: _____

Signature: _____

Please mail form to: Dacotah Ridge Golf Club, PO Box 420, Morton, MN, 56270 or Fax 507-697-8055