

MONUMENT SHADOWS
GOLF COURSE
GOLF MEMBERSHIP / DRIVING RANGE
2018-2019

NAME _____ DOB _____
GRADE OR AGE AS OF 4/1/18 _____

ADDITIONAL FAMILY MEMBERS (INCLUDE DATE OF BIRTH)

ADDRESS _____

PHONE# _____ EMAIL _____

***Proof of age and date of birth with valid ID (drivers license or ID card with date of birth) is required for ALL Student & Junior golfers. Full time college students 23 and under will be at the Student rates with sufficient proof of full time schooling. (Same rules apply for Family Memberships)**

GOLF MEMBERSHIP

_____ \$ 89.60	YOUTH (8 TH GRADE & UNDER)
_____ \$ 179.20	STUDENT (18 YRS & UNDER) *
_____ \$ 371.30	JUNIOR (19-25 YRS) *
_____ \$ 562.25	SINGLE
_____ \$ 795.65	COUPLE (MARRIED)
_____ \$ 954.80	FAMILY (MARRIED HOUSEHOLD & CHILDREN 18 YRS & UNDER) *

DRIVING RANGE

_____ \$ 29.95	YOUTH (8 TH GRADE & UNDER)
_____ \$ 59.90	STUDENT (18 YRS & UNDER) *
_____ \$ 119.80	JUNIOR (19-25 YRS) *
_____ \$ 179.75	SINGLE
_____ \$ 273.15	COUPLE (MARRIED)
_____ \$ 327.25	FAMILY (MARRIED HOUSEHOLD & CHILDREN 18 YRS & UNDER) *

50% DISCOUNT RANGE WITH MEMBERSHIP

_____ \$ 14.98	YOUTH (8 TH GRADE & UNDER)
_____ \$ 29.95	STUDENT (18 YRS & UNDER) *
_____ \$ 59.90	JUNIOR (19-25 YRS) *
_____ \$ 89.88	SINGLE
_____ \$ 136.57	COUPLE (MARRIED)
_____ \$ 163.62	FAMILY (MARRIED HOUSEHOLD & CHILDREN 18 YRS & UNDER) *

****SEE REVERSE SIDE FOR ACH FORM****

GOLF MEMBERSHIP ACH AUTHORIZATION FORM

I understand that in furnishing the information requested and signing below, I authorize the City of Gering to withdraw \$_____ for my golf membership by electronic funds transfer from the financial institution and account indicated. The authorization will remain in effect until the City of Gering receives a written revocation or a revised authorization form from me in sufficient time to allow the City of Gering to act on that revocation or revision. **I understand that the City of Gering may terminate its ACH service at any time for any reason. At the time that the authorization is cancelled for any reason I understand the remaining balance is due in full.**

When paying with ACH, an initial payment must be made. The preferred initial payment method is check. If paying with cash, credit card or debit card, a voided check or written proof from the bank with your name, account number and routing number will be required for account verification. ACH will be submitted to the processing bank according to each regularly scheduled payment. Payments will be withdrawn on the date you choose, which will be on the 1st or 15th of the month. Multiple monthly payments will not be accepted, a maximum of 1 ACH per month will only be allowed. The final payment must be paid by December 1, 2018.

CUSTOMER NAME (PRINTED)_____

ADDRESS_____

TELEPHONE NUMBER_____

SCHEDULED PAYMENT DATES AND AMOUNTS: 1 PMT PER MONTH

	<u>1ST</u>	<u>15TH</u>
1) JANUARY 2018	\$_____	\$_____
2) FEBRUARY 2018	\$_____	\$_____
3) MARCH 2018	\$_____	\$_____
4) APRIL 2018	\$_____	\$_____
5) MAY 2018	\$_____	\$_____
6) JUNE 2018	\$_____	\$_____
7) JULY 2018	\$_____	\$_____
8) AUGUST 2018	\$_____	\$_____
9) SEPTEMBER 2018	\$_____	\$_____
10) OCTOBER 2018	\$_____	\$_____
11) NOVEMBER 2018	\$_____	\$_____
12) DECEMBER 1, 2018	\$_____	XXXXXXXX

NAME OF FINANCIAL INSTITUTION

CHECKING / SAVINGS
ACCOUNT TYPE

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

SIGNATURE

DATE

IN ORDER FOR THE ACH TO BE PROCESSED, THIS SHEET MUST BE FILLED OUT COMPLETLEY, INFORMATION MUST BE ACCURATE AND ACCOUNT VERIFICATION MUST BE INCLUDED!!