



Registration Form(Effective 1/1/2018)

Junior (18-35) Individual Couple/Parent Child Family

Name: _____ DOB: ___/___/___

Name of Spouse: _____ DOB: ___/___/___

Name of Children: _____ DOB: ___/___/___

_____ DOB: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____

Email: _____

Donation to KSUGCMRF: J=\$300 I=\$400 C/PC=\$500 Fam=\$600

Monthly Fees: \$135 \$185 \$215 \$235

Credit Card Type: AX MC VISA DISCOVER EXP: /

Number: CVV:

Billing Start Date: ___/___/___ Total Monthly Golf Charges: \$_____

If you would like a GHIN Handicap check box Cost is \$30 per year

Current GHIN # _____

Option to charge to Colbert Hills Pro Shop and Colbert's Restaurant

By checking this option you will have the ability to leave a credit card on file and charge purchases to that credit card in the Pro Shop and Colbert's Restaurant at the time of purchase. All Champions Club Options are eligible.

Signature: _____

By signing the Champions Club Registration form, you are liable for the donation the KSUGCMRF along with all Total Monthly Bills for a minimum of one year from the **Billing Start Date** on the registration form.