



2017 Season Pass/G.V.G.A Application

Name:

(Last)

(First)

(MI)

Address:

(Street or P.O. Box)

(City)

(State)

(Zip Code)

Phone:

(Home)

(Cell)

Email:

Terms & Conditions

I, the undersigned do hereby apply for annual pass at the Headwaters Golf Course, upon the terms and conditions listed below:

1. The Headwaters Golf Course shall have the right, at any time, and in exercise of its sole discretion to revoke my application and withdraw any and all privileges to which I shall be entitled there under. The Headwaters Golf Course also has the right to cease to renew my season pass at the beginning of any season for any action detrimental to the course, equipment, and Clubhouse.

2. In the event that I should voluntarily cancel my pass due to medical reasons, it shall be at the Headwaters Golf Course discretion to prorate any dues paid to me. In this case, Headwaters Golf Course shall have the right to deduct any monies owed by me to Headwaters Golf Course.

3. Your Season Pass runs From January 1st, 2017 through December 31st, 2017.

4. 100% of season pass payment is due with application.

5. All members must make tee times as a member and use your member number when booking tee times.

6. Season Pass Includes:

*Unlimited Golf *Includes G.V.G.A. Dues

Signature: _____

Date: _____

Please Mail Application and Check to:

Amount Enclosed: _____

Headwaters Golf Course

P.O. Box 620, Three Forks, Mt 59752