

# Blue Shamrock GC Season Pass Program Application

Date:

\_\_\_\_\_

Member- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date/Birth: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Membership Package:

**Payments must be made with CHECKS and/or**

**Credit Card (with 3% service fee)**

Weekday Early Bird: \_\_\_\_\_

7 Days a Week Early Bird: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ Check: \_\_\_\_\_ C.C.: \_\_\_\_\_

Payments may be paid by: Cash or Check: Payable to "Blue Shamrock Golf Club LLC"

Note: I fully understand the Rules and Restrictions above and must follow in order to keep my membership in good standing.

Initial & Date: \_\_\_\_\_

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

2230 Fireline Road, Palmerton, PA 18071 / 610.826.2504 / [www.golfblueshamrock.com](http://www.golfblueshamrock.com)

