

STADIUM GOLF CLUB, INC.

333 JACKSON AVENUE
SCHENECTADY NY 12304
518-374-9104/518-393-9269 fax

2018 MEMBERSHIP APPLICATION

PLEASE FILL IN THE APPLICATION BELOW AND MAIL WITH THE APPROPRIATE CHECK/CREDIT CARD AMOUNT TO THE ADDRESS LISTED ABOVE.

Non Transferable, Non Refundable, and does not include league play or tournaments.

NAME _____ PHONE (HOME) _____

ADDRESS _____ PHONE (ALTERNATE) _____

CITY _____ STATE _____ ZIP _____

SEASON TICKET

(Reduced Greens Fee)

SINGLE \$875.00 _____ COUPLE \$1275.00 _____ STUDENT \$525.00 _____ (18-21 YRS OLD)
(\$75 off if paid by 2/15/2018)

UNLIMITED PLAY OPTIONS

GOLF ONLY \$1700.00 _____
\$200 off if paid by 2/15/2018
Add \$650 for spouse
Add \$300 for child under 18 yrs old

GOLF WITH CART \$2450.00 _____
\$200 off if paid by 2/15/2018
Add \$1400 for spouse

JUNIOR GOLF \$500.00 _____
(UNDER 18 YRS OLD)
\$50 off if paid by 2/15/2018

EMERGENCY CONTACT

NAME _____ PHONE (HOME) _____

ADDRESS _____ PHONE (WORK) _____

CITY _____ STATE _____ ZIP _____

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Please charge my Mastercard, Visa, Amex in the amount of \$ _____ for my season ticket dues.

Credit Card # _____ Expiration date _____

Name/Address as appears on card _____

Signature to authorize charge _____

We will mail you a copy of your receipt so be sure to fill out the top of this form