



Corporate Package Enrollment Form

Date _____

Company Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____ Email _____

Authorized Users of Account: Please lists all persons designated to authorize use of the golf/cart passes and to put charges on the corporate account. List the *primary* contact person for your membership first.

<u>Name</u>	<u>Title</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Package Level: (\$125 + tax per round)	20 rounds	\$2,500
	40 rounds	\$5,000
	Custom # of rounds	_____
	Credit Card Service Charge 3%	\$ _____
	Subtotal	\$ _____
	5½% Sales Tax	\$ _____
	Total Amount Due	\$ _____

Payment: ___ Check is attached
 ___ Credit Card - Please charge fees to my:
 ___ Visa ___ MC ___ Discover ___ Amex

Name of Cardholder _____

Card Number: _____

Expiration Date: _____ **Security Code:** _____ **Zip Code:** _____

Signature: _____

Mail completed form to: Troy Burne Golf Club, Attn: Golf Shop, 295 Lindsay Road, Hudson, WI 54016 or email to : dtentis@troyburne.com, Phone 715-381-9800, Ext. 1