



Lehman Pass Enrollment Form

Date _____

Name _____ Phone (_____) _____

Billing Address _____

City _____ State _____ Zip _____

Email _____ Family members using the privileges, and ages:

Golf

- _____ Lehman Pass..... \$4,850
- _____ Restricted.Lehman Pass (Blackout:Weekends before <12pm)..... \$4,075
- _____ Spouse/Family Add per person, 17 and under complimentary (Same rules as Junior Pass) \$940
- _____ Unlimited Golf Car Lehman Passholder.....\$1,000
- _____ Spouse/Family Golf Car Add\$500
- _____ Junior Pass (TT's through Golf Shop, Monday - Tuesday anytime, \$999
- _____ Wednesday - Thursday <9AM >3PM, Friday >4, Weekends and Holidays after 3PM)

Credit Card Service Charge 3% \$ _____

Subtotal \$ _____

5½% Sales Tax \$ _____

Total Amount Due \$ _____

Payment: _____ Check

_____ Credit Card:

_____ 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@trovburne.com, Phone 715-381-9800, Ext. 1