



# Troy Burne

## Players Card

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Interested in:       Men's Thursday Evening Play       Junior Golf Program

Level:                       Players Card Single                      \$450.00 + tax

WSGA Handicap Fee                      \$30.00

**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: \_\_\_\_\_ 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](mailto:dtentis@troyburne.com), Phone 715-381-9800, Ext. 1