



2024 Golf Course Registration Form

____ Monthly Payments or ____ One-Time Payment



GRAND RAPIDS
IT'S IN MINNESOTA'S NATURE
PARKS AND RECREATION

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

(Golfer #2) Name: _____

(Golfer #3) Name: _____

(Golfer #4) Name: _____

Family pass includes 2 adults and dependents ages 10-22.
Pokegama Golf Course owned carts may only be operated by those age 18 and older.

All Prices Include Sales Tax @ 8.375%

Season Golf Pass	Season Range Pass	Cart Use Pass
<input type="checkbox"/> Family Pass \$1,351.40 <input type="checkbox"/> Single Adult (Ages 30+) \$889.20 <input type="checkbox"/> Single + 1 Junior \$1,013.25 <input type="checkbox"/> Young Adult Pass (Ages 19-29) \$438.44 <input type="checkbox"/> Junior Pass (Ages 10-18) \$201.75	<input type="checkbox"/> Family Range \$348.28 <input type="checkbox"/> Single Range \$258.11 <input type="checkbox"/> Young Adult (19-29) \$150.00 <input type="checkbox"/> Junior Pass (10-18) \$125.00	<input type="checkbox"/> Two Seats \$1,114.71 <input type="checkbox"/> One Seat \$689.79 <input type="checkbox"/> Personal Cart Trail Fee \$370.81

Season Golf Pass Total	Season Range Pass Total	Cart Use Pass Total
\$	\$	\$
Grand Total for Year 2024		\$

PAYMENT AUTHORIZATION

- By signing this agreement, I hereby authorize City of Grand Rapids / Pokegama Golf Course (hereinafter Pokegama Golf Course) or its assigns or affiliated companies to charge, or to initiate transfer from, the account designated below for the purpose of making either recurring monthly payments or a one time payment I owe to Pokegama Golf Course on the 1st, 5th, 10th, 15th, 20th or 25th of the month (closest to date of registration submittal) until all of my obligations are paid under the agreement. I understand that my obligation under this agreement includes my recurring monthly fees, service fee for uncollectable monthly fees, applicable taxes, charges and any other unpaid fees or dues including past unpaid dues and fees. This authorization will remain in full force and effect during the term of this membership agreement. I confirm that I am authorized under the terms of the applicable agreement with my financial institution to use the account designated for the purchase of goods and services from Pokegama Golf Course and agree to comply with the financial institution's agreement at all times this authorization is in effect. I further agree that should I terminate this direct payment authorization, that upon such termination I owe to and shall immediately pay to the Pokegama Golf Course the unpaid balance of the season pass/cart lease/range pass charges, and until paid in full shall not have any golfing privileges at the Pokegama Golf Course.
- Cancellation & Billing Policies:** I have read and understand the cancellation rights and billing policies on this agreement.

Signature: _____ Date: _____

- To cancel your monthly payments and pay remaining balance, the city requires written notification a minimum of 30 days.
- I recognize that Pokegama Golf Course can terminate this agreement at anytime, for any reason.
- A \$10 service fee will be applied for each month your monthly pass payment is returned uncollectable including, but not limited to, non-sufficient funds, expired credit cards, cancelled credit cards, overdrafts and closed accounts.

Name on Account: _____ Card Type: _____

Card #: _____ Expiration: _____ Security #: _____