

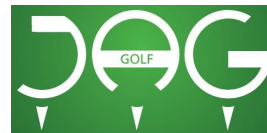
NORTH HAVEN GOLF COURSE SEASON TICKET

April 1, 2019 to March 31, 2020

Lady Ruthven Drive, Outer Harbor, SA 5018

Tel: (08) 8248 3832

Email: nthhavengc@ibigpond.com



POSTAL ADDRESS: 23 Fortrose Avenue

Seaton SA 5023

Title: _____ Given Name: _____ Surname: _____

DOB: ____/____/____ Email: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone: (H) _____ Mobile: _____

Please tick the season ticket package required

☐ 7 Day 12 month \$825.00

☐ 7 Day Ladies 12 month Special \$675.00
(Must be purchased no later than 31/3/19)

☐ 7 Day 6 month April 1 – September 30 \$435.00

☐ 5 Day 12 month \$675.00

☐ 5 Day 6 month April 1 – September 30 \$360.00

☐ I enclose \$_____ as payment for a season ticket

☐ I authorize JAG GOLF to charge my debit/credit card \$_____ as payment for a season ticket above

Card No Exp. Date ____/____

☐ Check this box if you do not wish to receive relevant updates, promotions or newsletters from JAG GOLF.

I agree to abide by all conditions and requirements as specified by JAG GOLF. I acknowledge Membership suspensions are only allowed for medical conditions or absences longer than 4 weeks and notice must be given in writing.

Signed _____

Office Use Only

Payment Received ____/____/____

Payment Type

Cash / Card / Dir Dep / Chq / Voucher

Expiry Date ____/____/____

Amount: \$ _____

Receipt & Card Issued ____/____/____

Authorised _____