

# NORTH HAVEN GOLF COURSE SEASON TICKET



April 1, 2024 to March 31, 2025

Lady Ruthven Drive, Outer Harbor, SA 5018

Tel: (08) 8248 3832

Email: [nthhavengc@bigpond.com](mailto:nthhavengc@bigpond.com)

POSTAL ADDRESS: 111 Railway Tce

Largs North SA 5016

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ Mobile: \_\_\_\_\_

Please tick the season ticket package required

- 7 Day 12 month \$945.00
- 7 Day Ladies 12 month Special \$895.00 **Must be paid in full by 31/3/24**
- 7 Day 6 month April 1 – September 30 \$495.00
- 5 Day 12 month \$800.00
- 5 Day 6 month April 1 – September 30 \$425.00

- 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.

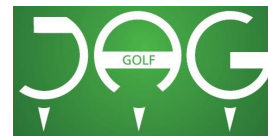
I acknowledge Membership suspensions are only allowed with 12 month passes for medical conditions longer than 4 weeks and notice must be given in writing.

Signed \_\_\_\_\_

Office Use Only

Payment Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Type Cash / Card / Dir Dep / Chq / Voucher  
 Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount:\$ \_\_\_\_\_  
 Receipt & Card Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Authorised \_\_\_\_\_

# NORTH HAVEN GOLF COURSE SEASON TICKET



## DIRECT DEBIT

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DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ Mobile: \_\_\_\_\_

Please tick the season ticket package required

7 Day                      12 month

Initial Payment April 1      \$200.00

Followed by 8 Equal Instalments of \$100/month

(DD Instalments 1st May/June/July/August/September/October/November/December, 2024)

I authorize JAG GOLF to charge my debit/credit card with the above instalments as payment for a 7 Day 12 month season ticket 24/25

Card No

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CCV \_\_\_\_\_

This membership will cease immediately if payments are declined or unable to be processed.

No suspensions or deferrals are allowed during the 12 month period of membership.

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I agree to abide by all conditions and requirements as specified by JAG GOLF.

Signed \_\_\_\_\_

Office Use Only

Payment Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Type    Cash / Card / Dir Dep / Chq / Voucher

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount:\$ \_\_\_\_\_