

MONUMENT SHADOWS  
GOLF COURSE  
GOLF MEMBERSHIP / DRIVING RANGE  
2017-2018

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
GRADE OR AGE AS OF 4/1/17 \_\_\_\_\_

ADDITIONAL FAMILY MEMBERS (INCLUDE DATE OF BIRTH)

\_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

**\*Proof of age and date of birth with valid ID (drivers license or ID card with date of birth) is required for ALL Student & Junior golfers. Full time college students 23 and under will be at the Student rates with sufficient proof of full time schooling. (Same rules apply for Family Memberships)**

**GOLF MEMBERSHIP**

_____ \$ 89.60	YOUTH (8 <sup>TH</sup> GRADE & UNDER)
_____ \$ 179.20	STUDENT (18 YRS & UNDER) *
_____ \$ 371.30	JUNIOR (19-25 YRS) *
_____ \$ 562.25	SINGLE
_____ \$ 795.65	COUPLE (MARRIED)
_____ \$ 954.80	FAMILY (MARRIED HOUSEHOLD & CHILDREN 18 YRS & UNDER) *

**DRIVING RANGE**

_____ \$ 29.95	YOUTH (8 <sup>TH</sup> GRADE & UNDER)
_____ \$ 59.90	STUDENT (18 YRS & UNDER) *
_____ \$ 119.80	JUNIOR (19-25 YRS) *
_____ \$ 179.75	SINGLE
_____ \$ 273.15	COUPLE (MARRIED)
_____ \$ 327.25	FAMILY (MARRIED HOUSEHOLD & CHILDREN 18 YRS & UNDER) *

**50% DISCOUNT RANGE WITH MEMBERSHIP**

_____ \$ 14.98	YOUTH (8 <sup>TH</sup> GRADE & UNDER)
_____ \$ 29.95	STUDENT (18 YRS & UNDER) *
_____ \$ 59.90	JUNIOR (19-25 YRS) *
_____ \$ 89.88	SINGLE
_____ \$ 136.57	COUPLE (MARRIED)
_____ \$ 163.62	FAMILY (MARRIED HOUSEHOLD & CHILDREN 18 YRS & UNDER) *

**\*\*SEE REVERSE SIDE FOR ACH FORM\*\***

# GOLF MEMBERSHIP ACH AUTHORIZATION FORM

I understand that in furnishing the information requested and signing below, I authorize the City of Gering to withdraw \$\_\_\_\_\_ for my golf membership by electronic funds transfer from the financial institution and account indicated. The authorization will remain in effect until the City of Gering receives a written revocation or a revised authorization form from me in sufficient time to allow the City of Gering to act on that revocation or revision. **I understand that the City of Gering may terminate its ACH service at any time for any reason. At the time that the authorization is cancelled for any reason I understand the remaining balance is due in full.**

**When paying with ACH, an initial payment must be made. The preferred initial payment method is check. If paying with cash, credit card or debit card, a voided check or written proof from the bank with your name, account number and routing number will be required for account verification.** ACH will be submitted to the processing bank according to each regularly scheduled payment. Payments will be withdrawn on the date you choose, which will be on the 1<sup>st</sup> or 15<sup>th</sup> of the month. **Multiple monthly payments will not be accepted, a maximum of 1 ACH per month will only be allowed. The final payment must be paid by December 1, 2017.**

CUSTOMER NAME (PRINTED)\_\_\_\_\_

ADDRESS\_\_\_\_\_

TELEPHONE NUMBER\_\_\_\_\_

**SCHEDULED PAYMENT DATES AND AMOUNTS: 1 PMT PER MONTH**

	<u>1<sup>ST</sup></u>	<u>15<sup>TH</sup></u>
1) JANUARY 2017	\$_____	\$_____
2) FEBRUARY 2017	\$_____	\$_____
3) MARCH 2017	\$_____	\$_____
4) APRIL 2017	\$_____	\$_____
5) MAY 2017	\$_____	\$_____
6) JUNE 2017	\$_____	\$_____
7) JULY 2017	\$_____	\$_____
8) AUGUST 2017	\$_____	\$_____
9) SEPTEMBER 2017	\$_____	\$_____
10) OCTOBER 2017	\$_____	\$_____
11) NOVEMBER 2017	\$_____	\$_____
12) DECEMBER 1, 2017	\$_____	XXXXXXXX

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

CHECKING / SAVINGS  
ACCOUNT TYPE

\_\_\_\_\_  
BANK ROUTING NUMBER

\_\_\_\_\_  
BANK ACCOUNT NUMBER

**SIGNATURE**\_\_\_\_\_

DATE\_\_\_\_\_

**IN ORDER FOR THE ACH TO BE PROCESSED, THIS SHEET MUST BE FILLED OUT COMPLETLEY, INFORMATION MUST BE ACCURATE AND ACCOUNT VERIFICATION MUST BE INCLUDED!!**