

# TOURNERBURY GOLF CENTRE AND TEACHING ACADEMY

## Season Ticket Application Form

Title..... Surname..... Forenames.....

Address.....

.....

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Postcode..... Telephone No.....

Date of Birth..... Emergency contact No.....

Email:.....

Signature.....

**Please Tick to confirm if you are applying for a 7 day or 5 day Season Ticket**

**7 Day Season Ticket:** ..... **5 Day Membership:** .....

It is essential that all forms must be returned to the Golf Club so that your details can be saved to our system. Please be aware all fields of information must be completed.

### Payment

**BACS Transfer – A G Phillips & Son Ltd - Lloyds Bank - Sort code 30-93-97 – Account no 00309376**

Please use full name as a reference.