



Louisiana



WEEKDAY ANNUAL PASS PROGRAM
NEW MEMBER APPLICATION AND AGREEMENT

Name _____
(LAST) (FIRST) (MI)

E-mail Address _____

Cell Phone _____ Office Phone _____ Home Phone _____

Address _____

City _____ State _____ ZIP _____

Company Name _____

How did you hear about the Annual Pass Program? _____

Other Golf Club Memberships _____

I hereby make application to participate/renew in the Weekday Annual Pass Program ("Program") at the TPC Louisiana ("Club"). If accepted, I agree to abide by the Rules and Regulations as they currently exist and/or as amended hereafter. I understand that as a Participant, I incur no liability for the debts of the Club, I have no proprietary interest in the assets or policies of the Club, and I do not acquire any terminable or non-terminable rights with respect to the use of the Club. Any refund or renewal of either the Program or this Agreement is solely at the discretion of the TPC Louisiana.

The Weekday Annual Pass Program is designed for a single entity, serving as a Participant, who will enjoy the privileges as described in the Program. Participation in the Program includes only ONE (1) person and allows play Monday-Thursday. The Program does not apply to the Participant's family members, corporate subsidiaries, clients, etc. Participation in the Program is nontransferable.

Enclosed is a check or credit card in the amount of \$1,800.00 (\$1,957.50 inclusive of taxes) for ONE (1) Weekday Annual Pass Program *applicant*, payable to the TPC Louisiana. The period covered by this Agreement shall commence from _____, Date to _____, Date on the date of acceptance by the Club and shall continue for a period of 365 consecutive days. The Participant's Anniversary Date is to be determined on the date of acceptance by the Club into the Program after orientation is finished.

☐ Visa ☐ Mastercard ☐ American Express ☐ Diners Club ☐ Discover ☐ Check

*Account: _____ Exp. Date: _____
(Should my application not be accepted, my check or credit card charge will be returned or credited)

*CVV2 Code: _____ Billing Address/Zip: _____

I understand I will be liable for starting reservation, including those for which I fail to follow Club Policies and Rules, or fail to comply with the Club's 48-hour cancellation policy. I understand that I must at all times provide the Club with a valid credit card account number for the purpose of guaranteed payment for advanced starting reservations.

☐ Visa ☐ Mastercard ☐ American Express ☐ Diners Club

Account: _____ Exp. Date: _____

Signature _____ Date: _____

Practice Facility Plan is included with Annual Pass Membership

Additional Services Available:

Locker: \$180.00 (plus 8.75% tax) per year _____

Louisiana Golf Association Handicap: \$45.00 per year _____