



QUAIL RUN Golf Links

25275 County Hwy Y
 Richland Center WI 53581
 608-647-3117

2018

Membership Information

Quail Run Golf Links offers several annual membership options for 2018. All memberships include unlimited golf during normal business hours. We are also working to develop additional reciprocal agreements with other golf courses in our area. Membership does not include golf during scheduled events such as corporate outings and group fundraisers, etc. We appreciate your patronage and look forward to seeing you often.

Memberships

	<u>Fee</u>	<u>Amount</u>
Single	450.00	_____
Add a Spouse	250.00	_____
Add Children (one fee covers up to 3)	80.00	_____
Junior (17 and under)	105.00	_____
Senior (60 and over)	425.00	_____
Senior Couple	625.00	_____
Single Cart Pass	315.00	_____
Couple Cart Pass	450.00	_____
20 Play Pass Walking (equates to \$9 per 9 holes)	180.00	_____
20 Play Pass with Cart (equates to \$16 per 9 holes)	320.00	_____
10 Play Pass available in multiple configurations	<i>(inquire)</i>	_____
<i>5.5% Sales Tax is included in all fees</i>		Total: _____

New This Year
 Reciprocal agreements with
 area golf courses –
 Inquire for latest details

We accept cash, checks and credit cards: MasterCard, Visa, Discover

Submit application and payment to: **QUAIL RUN GOLF LINKS**
25275 COUNTY HWY Y
RICHLAND CENTER WI 53581-8718

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QUAIL RUN Golf Links – Membership Application

(Please print)

Name:		Age <i>or</i> DOB:	<u>Memberships</u> <i>(check all that apply)</i> <input type="checkbox"/> Single <input type="checkbox"/> Add Spouse <input type="checkbox"/> Add Children <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Senior Couple <input type="checkbox"/> Single Cart Pass <input type="checkbox"/> Couple Cart Pass <input type="checkbox"/> 20 Play Pass <input type="checkbox"/> 10 Play Pass <input type="checkbox"/> With Cart <input type="checkbox"/> With Cart <input type="checkbox"/> Anytime <input type="checkbox"/> Limited
Spouse <i>(if Couple):</i>		Age <i>or</i> DOB:	
Add Children Name(s) & age(s):			
Street Address:			
City – State – Zip:			
Primary phone#:	Spouse or Secondary phone#:		
Email: <i>(optional)</i>			
Amount submitted:	Date:	Office Use Only:	

