



# QUAIL RUN Golf Links

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

**2020**

## Membership Information

Quail Run Golf Links offers several annual membership options for 2020. All memberships include unlimited golf during normal business hours. We also continue to develop reciprocal agreements with other golf courses in our area. Inquire for latest updates. 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.

<u>Memberships</u>	<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	(inquire)	_____
<i>5.5% Sales Tax is included in all fees</i>		<b>Total:</b> _____

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

