

RETURN THIS SECTION WITH PAYMENT (2017)

(Print this form and mail to address at bottom of page)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Additional Family Member's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Additional Family Member's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

(Please Check)

Season Pass - Single \_\_\_\_\_ Additional Family Member \_\_\_\_\_ One Additional Family \_\_\_\_\_

Student Pass \_\_\_\_\_

E-Mail Address \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Payment Method (Please Check): Cash \_\_\_\_\_ Check \_\_\_\_\_ (3% will be added for credit card) Number \_\_\_\_\_

Signature: \_\_\_\_\_

Make Check payable to Whetstone Golf

Mail Registration and Payment to:  
(Or Pay at the course early)  
Clarence Perry  
632 Augusta Dr.  
Marion, OH 43302

If you have any questions, please contact Clarence Perry at (937) 423-4386 Weather permitting; the pro shop may be open on various days, in which you can pay for your pass, otherwise please mail.