CERBERUS GOLF CLUB Inc.

CAYLEY AVENUE
HMAS CERBERUS VIC 3920

ABN: 96 135 800 757 ☎ 03 5983 6006 REG. A0017832Y

SEASON PASS FORM

Applicants Full Name : _____

Mobile Phone : _____ Date of Birth: _____

Home Phone Number _____ Work Phone Number: _____

Postal Address : _____

_____

Residential Address : _____

_____

Email Address : _____

AMOUNT PAYABLE: $535

PAYMENT OPTIONS

☐ CASH
☐ EFTPOS

☐ BANK TRANSFER

Bank: Australian Military Bank
Account Name: **CERBERUS GOLF CLUB**
BSB Number: 642 170
Account Number: 100 232 261
Reference: *Your Surname*

EMAIL THIS FORM TO: manager@cerberusgolfclub.com.au

INCLUSIONS

- Access to the golf course for social play Sundays to Fridays – outside of competition play *(please check with Manager for further clarification)*.
- Online timesheet booking access (OneGolf)
- Full use of practice facilities.
- Discounts on motorised cart hire and bar purchases.

TERMS & CONDITIONS

- Season pass is valid for 12 months from date of application.
- Season pass is not transferable to other players.
- Season pass will be cancelled if discovered in possession of another person.
- All players must adhere to the club's dress code and etiquette requirements.

I have read and agree to conform with the above terms and conditions.

Signature of Applicant: _____ **Date**: _____

Season Pass Started : _____ Finish Date: _____

Date Payment Received : _____ Payment Type ☐ CASH

Receipt No : _____ ☐ EFTPOS

☐ BANK TRANSFER