



Bloomingtondale Golf Club “Community Card” Registration Information

Welcome to our community card program! As a participant, you will be the recipient of reduced green fees, and discounts on merchandise.

The idea behind this program is to welcome avid golfers from Bloomingtondale and neighboring communities to our golf course by offering reduced rates. The savings per round of golf would be:

- \$8 on Regular 18 Hole Round of golf before 3 pm
- \$5 on Regular 18 Hole Round of golf after 3 pm
- \$5 on Senior/Junior 18 Hole Round of golf
- \$5 on 18 Hole Round during Spring and Fall play
- \$3 on All 9 Hole Rounds of golf

There is a nominal fee to participate in this program. The annual cost for Bloomingtondale Residents is \$15.00. The annual cost for residents of Roselle, Medinah, Itasca and Addison are \$20.00. After playing two (2) 18-hole rounds of golf, your enrollment fee is recouped, and you begin to reap the benefits of reduced green fees.

There are a few exceptions regarding the use of this card. The card cannot be used during the following periods due to already special or reduced pricing. They are: 18 Hole Early-bird, 5:30 pm Special, League and Permanent Tee Time play, and Special Rate offerings.

To register and receive your “Community Card” please visit our golf pro shop beginning February 16th and fill out our registration form. You **MUST bring with you a valid Photo ID** at the time of registration and payment. Your information will be recorded into our database and you will be good to go for this golf season.

Please note that the “Community Card” is only valid for use by the owner. It cannot be shared or used to purchase the green fees of accompanying golfers. These individuals, if eligible, are welcome to purchase their own “Community Card”. The card is non-transferable. Violators will forfeit the use of their card. **We ask that you abide by these guidelines.**

Date of registration: _____

Shop associates initials: _____



**“COMMUNITY CARD”
REGISTRATION FORM**

NAME: _____

ADDRESS: _____

CITY: _____

STATE & ZIP CODE: _____

PHONE # (Best to be reached at): _____

E-MAIL: _____

DATE of BIRTH: _____

(Used for assigning senior rates)

****All the above information is required to participate in this program****

By signing this form, you agree that the above information is correct and that you will abide by the guidelines outlined for this program.

Signature: _____

Card #: _____

Resident	___	Non-Resident	___
Res. Sr.	___	Non-Res. Sr.	___
Res. Jr.	___	Non-Res. Jr.	___

Date of registration: _____

Shop associates initials: _____