

## CrossRoads Golf Course 2009 Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Membership:	Family	\$455	_____
	Family	\$400	_____
	Single	\$355	_____
	Single	\$300	_____
	Youth	\$110	_____

(Birth Date \_\_\_\_\_)

Other fees:	Social	\$ free	___ FREE ___
	Range Pass	\$ 50	_____
	Unlimited Cart	\$450	_____
	Handicap	\$ 15	_____
	Handicap Flag	\$ 50	_____
	Trail Fees	\$ 50	_____
	Cart Storage:	Main Shed	\$150
	W & E Sides	\$200	_____
	New Shed		NC

Total: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_

Other family members golfing under your family memberships:  
(Reminder, a person 21 years old or younger as of 1-1-2009 is eligible to golf under a family membership. Must show ID to qualify for youth.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mail to: CrossRoads Golf Course & Recreation Parkway  
PO Box 176, Carrington, ND 58421