

PATRIOTS POINT LINKS

Passholder Application

LIMITED TIME Pass Selection:

- 3-MONTH PASS (JUNE 1 - AUGUST 31) - \$850
 6-MONTH PASS (JULY 1 - DECEMBER 31) - \$1450

Primary Passholder Information:

Name (printed): _____ Date of Birth: _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Payment Information:

Name on Card: _____ Credit Card Number: _____
Expiration Date: _____ Security Code: _____

- I authorize Patriots Point Links to charge this credit card for the full amount due for the Annual Pass.
 I authorize Patriots Point Links to charge this credit card for any missed or incomplete tee time reservations.

Signature:

I have read and understand the rules and regulations associated with the Annual Pass at Patriots Point Links. I agree that failure to abide by any of the rules and regulations may result in revocation of my Annual Pass. I release and agree to indemnify and hold harmless Patriots Point Links, Bobby Jones Links management, and its employees, owners, and contractors from any bodily injury sustained by me or a third party while at Patriots Point Links.

Name (printed): _____ Signature: _____ Date: _____