



PAC Pass # _____

HH I.D. # _____

Sign-up Date: _____

**Expires 1 year from
Sign-up date**

FAIRWINDS PLAYER ADVANTAGE CARD

NAME: _____

First

Last

Street City State Zip

Phone: () _____

Email: _____

I have received a copy of the Rules and Regulations for Fairwinds Player Advantage Card Holders and agree to abide by them as stated. Failure to comply with these rules and regulations could result in loss of the Card Holder privileges and/or golf privileges. **I also understand my "Free Birthday Round" MUST be used on my birthday – No exceptions or rain checks will be issued.**

Signature _____ Date _____

OFFICE USE ONLY

NOTE: Staff please staple Golf Course Copy of Receipt to the Application after payment
Give applicant **Player Advantage Card Benefits Sheet & Web Res Instructions** to link to their Player Advantage Card.

Fairwinds Players Advantage Card
Valid 1 year from date of purchase

Household Data Entered:
(Cashier Initials)



Price: \$50.00
Tax: \$ 3.25
TOTAL: \$53.25