

Shenandoah Golf Course 2025

Season Pass Application

Fill out complete form and SIGN final page

Name: _____ D.O.B. _____

Spouse: _____ D.O.B. _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Golfing Children:

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

_____ *Family Season Pass (\$995)

_____ Single Season Pass (\$887)

_____ Senior Season Pass- Couple (both must be 65 and older) (\$887)

_____ Senior Single Season Pass (65 and older) (\$774)

_____ Student (11-18) (\$250)

_____ Young Adult (19-23) (\$300)

*Definition of Family: Consists of one or two parents or legal guardians and all children defined as youth (a youth is anyone 18 and under and still in high school) living in the same household. A student age 23 and younger may be considered part of the family, if continuing to reside in the home while actively attending post high school education.



Add-Ons: ***Add-ons must be included at time of sign-up. If added later, the full fee is needed at that time and cannot be billed monthly***

_____ Annual Cart Rental Fee (\$350)

_____ Cart Shed— Season Pass Holder (\$225)

_____ Trail Fee (\$200)

_____ Cart Shed— Non-Season Pass (\$325)

_____ GHIN (Handicap) \$25

DESCRIPTION OF CART (COLOR AND MODEL)

SHED NUMBER IF CURRENTLY USING

***PAYMENT METHODS:**

FULL AMOUNT: All paid in full.

*MONTHLY PAYMENTS: (25% down (including Add-ons), remaining balance divided into 6 monthly payments (April-September). Monthly payments are due no later than the 1st of the month). Additional \$100.00 fee will be applied to the annual membership. Non-payment by the first of each month will result in the addition of a monthly late fee of \$25.00 and bar the golfer(s) from golf privileges of any variety (green fees, tournaments, leagues, etc.) until account is brought current.

_____ Season Pass total

_____ Add-ons total

\$100.00 Monthly payments fee, if applicable

_____ **Total Membership Amount**

By signing this agreement, I the participant, parent, and/or guardian understand that participation in this activity may result in some type of injury and releasing all liability from the City of Shenandoah and the Shenandoah Golf Course. I agree that the City reserves the right to cancel, without refund, or restrict golfing and other privileges of any and all members for violation(s) of course rules and/or misconduct. I agree to pay my (our) full membership fees by September 30th of this year. I further agree that non-payment of my (our) membership will result in the loss of privileges until fees are paid in full.



SIGNATURE

DATE

Checks can be made out to:
City of Shenandoah
Memo: Seasonal Golf Pass
500 W. Clarinda Ave
Shenandoah, Iowa, 51601

