



## Package Plan Application

**Date of Application:**

**Please Circle One:** **Strutting Wolf Plan**   **Student Plan**   **Staff/Faculty Plan**

**Club Services (please circle):**   **Cart Club**   **Range Club**   **Handicap**   **Tournament Package**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Business Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation or Type of Business \_\_\_\_\_ Title \_\_\_\_\_

Years Employed \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Members to Include:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ E-mail \_\_\_\_\_

**Payment:** Applicants paying the yearly fee in full receive a discount. To utilize the monthly option, payment of the first month's plan fee is required with the completed application. A signed one-year package plan commitment form is required as well.

**Total Amount Enclosed:** \_\_\_\_\_ Please make checks payable to: **LPGC**

Visa MC AMEX Discover Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

**Rules and Regulations:** I, the undersigned, agree to abide by the rules and regulations of the Lonnie Poole Golf Course at NCSU as they may be amended from time to time

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## One-Year Package Plan Commitment

I hereby accept a one-year (12 month) commitment for a package plan at Lonnie Poole Golf Course at NC State University. I fully understand that by accepting this option, I must maintain my account in good standing, under the plan and classification that I chose, for a period of 12 consecutive months from the date of this agreement. The one-year commitment may be cancelled prior to the maturity date only as follows: It is cancelled in the first year of the commitment, penalty payment of \$500 is due and resignation from the plan is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_