

2024 Annual Pass Application

Applicant: _____ Phone # (____) - _____ - _____

Email: _____

Co-Applicant: _____ Phone # (____) - _____ - _____

Email: _____

Form of Payment: Credit Card _____ Cash/Check _____ **Receipt #** _____

Credit Card: _____ Exp: _____ CVV: _____

<u>Annual Golf Fees:</u>	<u>Individual</u>	<u>Couple</u>
	\$3,100	\$5,700

<u>Annual Trail Fee:</u>	<u>Individual</u>	<u>Couple</u>
Private Cart	\$575	\$800

<u>Annual Cart Fee</u>	<u>Individual</u>	<u>Couple</u>
HEBGC Cart	\$910	\$1,275

Admin Use Only

Staff _____

EZL Update

Online

Range Pass

Guest Tokens

Insurance

Trail Fee Sticker #: _____

- Individual includes **4** guest passes (a value of \$428.00)
- Couple includes **8** guest passes (a value of \$856.00)
- All annual passes include annual range pass
- Prorated options for new residents **ONLY** (current calendar year)

Total Fees \$ _____

Applicant Signature _____ **Date** _____

Signature above acknowledges:

1. **This pass is non-refundable, unless approved by Management due to severe season-ending illness or injury.**
2. **48-Hour Cancellation Policy - All residents will be subject to a \$40 per player fee for any tee times that are cancelled or downsized within 48 hours of your tee time.**
3. **I understand that golf carts, including those with a handicap flag, must be kept at least 30 feet from greens at all times. I acknowledge that if I fail to observe this requirement, I may be subject to fines and/or penalties up to and including loss of golfing privileges at HEBGC. I understand that it is my responsibility to inform any co-applicant of this requirement and the potential fines and/or penalties that could apply.**