

o UNLIMITED	o KACHINA	o TWILIGHT	○ COYOTE
START DATE:	START DATE:	START DATE:	START DATE:
END DATE:	END DATE:	END DATE:	END DATE:
OWNER NAME/ADDRESS/PHONE NUMBER		OWNER NUMBER	
REASON FOR REFUND See attached Doctor's letter			
(DIEASE NOTE THAT YOUR COLE CARD MALL REDEASTINATED IN ANAEDIATELY)			
(PLEASE NOTE THAT YOUR GOLF CARD WILL BE DEACTIVATED IMMEDIATELY)			
)
YES		NO	
Lundarstand this refund for politic an execution			
I understand this refund for golf is an exception.			
If you have purchased a golf card and have developed a medical issue which precludes you from golfing,			
you may file a request with a letter from the doctor which clearly states the medical necessity and			
submit it to Member Services. Doctor's letter must be on doctor letterhead and state the effective medical issue dates.			
medicai issue dates.			
OWNER SIGNATURE:	,	DATI	-
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MEMBERSHIP SPECIALIST:			