



## Golf Card Refund Form

UNLIMITED	KACHINA	TWILIGHT	COYOTE
Start Date: End Date:	Start Date: End Date:	Start Date: End Date:	Start Date: End Date:

Member Name:

Member ID:

Address:

Phone:

### REASON FOR REFUND:

**(PLEASE NOTE THAT YOUR GOLF CARD WILL BE DEACTIVATED IMMEDIATELY)**

YES

NO

**I understand this refund of golf is an exception.**

Owner Signature:

Date:

Membership Specialist:

**Please include a Doctor's statement of your inability to continue to play golf.**