

2024 Annual Golf Pass Application

Name:	S	spouse/partner <i>(if app</i>	licable):	
Address:				
City:		ST:	ZIP:	
Phone:	Email: _			
Please indicate your chose	n package(s):			
Annual Greens Fee Packag	es:			
☐ Weekday Only (single	e) \$2,100			
☐ Weekday Only (coupl	e) \$2,900			
☐ Unlimited (single)	\$3,900			
☐ Unlimited (couple)	\$4,300			
Annual Cart Fee Packages:	(Cart packages can be	e purchased with or wi	thout Greens Fee packages)	
☐ Weekday Only (single	900			
☐ Weekday Only (coupl	e) \$1,150			
Privileges, Rules & Regula	tions:			
Annual pass holders hasWeekday Annual pass	ave the right to mak holders are not allow	e their tee times 2 wo wed play on holidays.		
• The Club reserves the	right to terminate se	eason passes at any ti	me for violations of club rules o	or regulation.
	. 5	J	I agree to be bound by same.	
Signature:		Date	:	
Prii	nt, complete, and su	ıbmit this form along	with your check to:	

You may also email a completed, scanned form to **golfclub@shannondell.com**. Someone from The Club will contact you for payment information. If you have questions, please call **610.382.9320**.

The Club at Shannondell | Attn: 2024 Annual Golf Pass | 2750 Egypt Rd., Audubon, PA 19403