



Barefoot Resort & Golf
Snowbird Golf Program Enrollment Information

Name of Primary Participant _____
(Please Print Clearly)
(Spouse/Sig. Other) _____

Leased Property Address: _____
Street/P.O. Box _____ Unit # _____

Permanent Address: _____
Street/P.O. Box _____
City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____
Leased Property Phone (____) _____ - _____

E-Mail Address _____ (Information is sent via e-mail)

Dependent Information

Children 23 and under who will be considered part of your membership:

	<u>Name</u>	<u>Date of Birth</u>	<u>Male</u>	<u>Female</u>
1.	_____	_____	____	____
2.	_____	_____	____	____

Begin Membership Date:

End Membership Date:

(Participation must be for at least one full month and enrollment must take place on the 1st or the 15th of the month.)

- My check (or cash) for dues payment made out to Barefoot Resort Golf Course is enclosed.
(Sorry, we can no longer accept out-of-country checks for dues payments.)
- Please charge my credit card for dues payment. Dues are paid for full duration of participation.

Office Use Only: Participant S Code: _____ Master #: _____ Date Issued: _____
ID Issued By: _____ # Issued : _____ Date: _____ DB: _____ EM: _____ Clubster: _____
Photo: _____ Photo: _____
Dues Amount Paid: _____ Date Paid: _____
CC#: _____ Exp. _____ (VISA, MasterCard, AMEX and Discover)
<input type="checkbox"/> Paid by Credit Card <input type="checkbox"/> Paid by Cash <input type="checkbox"/> Paid by Check #: _____
<input type="checkbox"/> Participant Cancelled Reason _____ Date: _____ Initials: _____

Participant Signature: _____ Date: _____

Participant should retain a copy of this document for own records.

Please mail this form along with any payments, completed Agreement & Guidelines and proof of lease to:

Membership Dept. 4980 Barefoot Resort Bridge Rd. N. Myrtle Beach, SC 29582