PLAYER INFORMATI	ON:						
Name:							
e-mail address:							
Address:							
Additional player name	e(s):						
Telephone No.			Annual Fee Amount	t:	\$		
			Dependent(s):		\$		
			Initiation Fee Amou	nt:	\$		
			TOTAL AMOUNT D	UE:	\$		
Payment Plans:							
Annual payment:	One full payment is due at time of registration.						
Please remit to: Roost	ter Run Golf	Club, 2301	E. Washington St. Petal	luma, CA.	94954		
Monthly Debit:	thly Debit: First week of each month, pre-authorized amount deducted from account. Include voided check from account to be debited Please sign authorization form Include check for month of January with returned form (Automatic deductions begin with February payment) Not needed if voided check is on file Early cancellation will result in a fee amount equal to one month payment.						
AUTHORIZATION AG	REEMENT	FOR AUTO	DMATIC DEDUCTIONS:				
on the attached VOIDI herein called Deposito This authorization is to at which time contract	ED check, are bry, to debit the premain valing can be rene norization inc	nd the deponded the same to depond to the same to depond the same	ect from January 1-Dece ncelled. ice charges incurred resu	ember 31,	ded check, 2024		
AMOUNT:	\$		-				
FREQUENCY:	Monthly						
Name:							
Telephone No.							
Signature:							
Date:							