



# **MEN'S INDOOR GOLF LEAGUE**

## **November 11, 2024 - March 7, 2025**

**TEAM NAME** \_\_\_\_\_

**Player 1 Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**email** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Player 2 Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**email** \_\_\_\_\_ **Telephone** \_\_\_\_\_

### **Indoor Golf League Rates per person / two person teams**

#### **Payment Options**

We offer two convenient payment options to suit your preferences:

#### **Option 1: One-Time Payment**

- Members: \$364 Includes Tax and Prize Money
- Non-Members: \$449 Includes Tax and Prize Money

#### **Option 2: Weekly Payment Plan**

- Members: \$100 upfront, followed by \$20 per week for 16 weeks, totaling \$420. Includes Tax and Prize Money
- Non-Members: \$150 upfront, followed by \$25 for 16 weeks, totaling \$550. Includes Tax and Prize Money

#### **Weekly Payment Plan Details**

- Credit Card Requirement:

Participants choosing the weekly payment plan must provide a valid credit card at registration, which will be securely stored by the MACC Business Office. Please fill out form on the back side of this form

**Payments via Credit Card will have a 3% processing fee**

**For more information email [kgolembeski@mtanthonycc.com](mailto:kgolembeski@mtanthonycc.com)**



## Men's Simulator League Weekly Payment Plan

Participant's Name: \_\_\_\_\_

### Payment Plan Details:

By completing this form, you authorize Mount Anthony Country Club (MACC) to charge your credit card for weekly payments related to your participation in the Simulator League. This authorization applies to the upfront payment and the automatic weekly charges as outlined in the payment plan you selected.

### Payment Plan Chosen: (Please check one)

- **Members:** \$100 upfront + \$20 per week for 16 weeks (total \$420) Includes Tax and Prize Money
- **Non-Members:** \$150 upfront + \$25 per week for 16 weeks (total \$550) Includes Tax and Prize Money

### Credit Card Information

Cardholder Name: \_\_\_\_\_

(As it appears on the card)

Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(City, State, ZIP): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Authorization:** By signing this form, I authorize Mount Anthony Country Club to charge my credit card for the weekly payment plan selected above. I understand that weekly payments will be automatically processed each Monday for 16 weeks, and I will receive confirmation emails upon successful payment. I also understand that it is my responsibility to notify MACC immediately if my credit card details change or if there is any issue with payment.

In the event of a failed payment, I will have 48 hours to provide updated payment information, and my participation in the league may be suspended until the balance is settled.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and return it to the MACC Business Office. If you have any questions, contact Traci Becker at 802-442-2617 or Tbecker@mtanthonycc.com.