



WOMEN'S INDOOR GOLF LEAGUE

November 11, 2024 - January 13, 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: \$237 Includes Tax and Prize Money
- Non-Members: \$290 Includes Tax and Prize Money

Option 2: Weekly Payment Plan

- Members: \$50 upfront, followed by \$25 per week for 10 weeks, totaling \$300. Includes Tax +Prize Money
- Non-Members: \$75 upfront, followed by \$30 for 10 weeks, totaling \$375. Includes Tax + 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



Women'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:** \$50 upfront + \$25 per week for 10 weeks (total \$300) Includes Tax and Prize Money
- **Non-Members:** \$75 upfront + \$30 per week for 10 weeks (total \$375) 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 10 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.