## 2024 BLUE ROCK GOLF COURSE MEMBERSHIP

## DIATINIIM IEVEL MEMBERSHID.

		VELIVILIVIDENSIIII:	
	☐ Single: \$1,750	☐ Couple/Family: \$2,900	
		S LEVEL MEMBERSHIP  annual cart fee	
	Single: <i>plus</i> \$649	☐ Couple/Family: <i>plus</i> \$1,249 (kids ride free)	)
■ \$10 off p	lvance tee time reservatio er guest in season ial Day Weekend to Col		
<ul><li>\$5 off per</li><li>4 guest par</li></ul>	r guest off season asses		
	Level Membership prov with no restrictions on t		
	GOLD LEVI	EL MEMBERSHIP  Couple/Family: \$2,550	
		EVEL MEMBERSHIP annual cart fee	
	Single: <i>plus</i> \$649	☐ Couple/Family: <i>plus</i> \$1,249 (kids ride free)	
(Spring		ay Weekend / Columbus Day to clo ugh Thursday & Friday until 2 p.m	
Memori	al Day Weekend to Colu May 27th, June 19th, July 4	umbus Day Weekend (blackout date 4 <sup>th</sup> to 5 <sup>th</sup> , September 2 <sup>nd</sup> , October 1	es: May
<ul><li>\$5 off per</li><li>\$5 off green</li></ul>	guest ns fee for member playing	on restricted dates	
■ 2 guest pa		**E**DEDCITE	
	<u> </u>	MEMBERSHIP s and under: \$400	

■ Unlimited golf

For questions or additional information, please call 508-760-9266.

## Sign up and pay online at: bluerockgolfcourse.com

To pay by check, please fill out the information below and mail to: The Davenport Companies

20 North Main Street, South Yarmouth, MA 02664 Att: Blue Rock Membership Please make check payable to Blue Rock Golf Course.

## APPLICANT INFORMATION:

Name: Date of Birth: Month	Day	_ Year (Jr. only)
Home Address:	·	·
Mailing Address:		
Home Phone:	Contact Phone:	
Email Address:		
Emergency Contact Name:		
Phone:		
ADDITIONAL APPLICANT INFORM	MATION:	
Name:	Date of Birth	(Yr req. Jr. only))
Email:		
ADDITIONAL APPLICANT INFORM	MATION:	
Name:	Date of Birth	(Yr req. Jr. only)
Email:		
ADDITIONAL APPLICANT INFORM	MATION:	
Name:	Date of Birth	(JYr req. Jr. only)
Email:		
REFER A FRIEND TO BLUE ROCK (		

Questions? Please call Matt Pitta at 508-760-9266.

Address:\_\_\_\_