



# BAY CITY Country Club

## 2025 Pass

- **Single Weekday Golf Pass Monday – Friday**  
\$2195.00 (cart included)
- **Single Seven Day Golf Pass Monday - Sunday**  
\$2695.00 (cart included)

### Additional Family Member

\$300 (15 years & older)  
\$150 (14 years & younger)

\*\*This is an annual contract

\*\*If Additional Family Member pass is purchased must include all family members living in household under the age of 25 & are full-time students



An optional addition with your season pass is to sign up with our Club through G.A.M. [Click here](#) or Scan the QR code to help track your handicap throughout the season.

## Season Pass Application

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Additional Family Members

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### Authorization for Season Pass

By signing this application for Bay City Country Club, I hereby authorize Bay City Country Club, through it's representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

If my application is granted, I agree to accept and understand that I am bound by the Bylaws and Rules and Regulations of Bay City Country Club.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Bay City Country Club.

Applicants Signature \_\_\_\_\_  
Date \_\_\_\_\_

Additional Family Member Signature \_\_\_\_\_  
Date \_\_\_\_\_

Additional Family Member Signature \_\_\_\_\_  
Date \_\_\_\_\_

Additional Family Member Signature \_\_\_\_\_  
Date \_\_\_\_\_

For office use only:

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Payment Received \_\_\_\_\_

Annual Pass Expiration Date \_\_\_\_\_