



CITY OF GAHANNA
DEPARTMENT OF PARKS & RECREATION

Gahanna Municipal Golf Course 2010/2011 Twelve Month Membership Application

Gahanna Department of Parks & Recreation
200 S. Hamilton Rd. Gahanna, Ohio 43230
(614) 342-4250

Gahanna Municipal Golf Course
220 Olde Ridenour Rd. Gahanna, Ohio 43230
(614) 342-4270

Parent/Guardian Name First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

<u>Resident Status</u>
Gahanna Res _____
Non-Res _____

Member Information—List all information below. BIRTH DATES MUST BE INCLUDED.

For Each Member: First Name	Last Name	Birth Date	Male/Female

Please Check Desired Membership:	Gahanna Resident Discount Rate	Standard Rate
A. () SINGLE ADULT	\$357	\$407
B. () COUPLE OR TWO (2) MEMBERS OF IMMEDIATE FAMILY (ADULT)	\$510	\$610
C. () CHILD 17 YEARS OR YOUNGER ADDED TO "B" MEMBERSHIP – PER CHILD	\$87	\$137
D. () SENIOR CITIZEN (AGE 55 OR OLDER)	\$255	\$305
E. () SENIOR CITIZEN COUPLE (BOTH AGE 55 OR OLDER)	\$408	\$508
F. () JUNIOR (AGES 17 AND UNDER)	\$255	\$305
G. () MIDDAY MEMBERSHIP – INCLUDES UNLIMITED GOLF FROM 9AM – 3PM MONDAY THROUGH FRIDAY (EXCLUDING HOLIDAYS)	\$255	\$305

Please complete both sides of this form.

Memberships are non-refundable and non-transferable.



How did you hear about our Golf Memberships:

- Renewal*
 Friend
 Paper
 Gateway
 Website
 Other _____

Liability & Release Waiver: For and in consideration of the opportunity to participate in the above described Gahanna Department of Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

___ I do not give my permission for photographs to be used.

_____ Date
Participant Signature (Parent/Guardian if participant(s) are under 18)

Memberships are non-refundable and non-transferable.

Payment Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Check Number: _____
		<input type="checkbox"/> Money Order	Money Order Number: _____
<i>Make check or money order payable to: City of Gahanna</i>			
<input type="checkbox"/> Credit Card - Please bill my credit card (circle one): MC Visa Discover <i>complete below:</i>			
_____	_____	_____	
Name of Cardholder	Account Number	Expiration Date	
Cardholder Signature: _____			Date: _____