



BOX 309
HIGH LEVEL, ALBERTA
T0H-1Z0
T: (780) 926-3005

Pick all the options you need
GST Included in all Pricing
Total everything up and Send in your payment
Thank you for your Support

Fox Memberships		Regular	Fox Passes		Regular
Single Adult (23 Plus)		\$ 1,050.00 <input type="checkbox"/>	1 Week Nonconvertible Golf Pass		\$ 115.50 <input type="checkbox"/>
First Time Adult Member		\$ 525.00 <input type="checkbox"/>	10 Game 9 Hole Cart Punch Pass		\$ 210.00 <input type="checkbox"/>
Senior (60 Plus)		\$ 945.00 <input type="checkbox"/>	10 Game 9 Hole Golf Punch Pass		\$ 225.75 <input type="checkbox"/>
Couple		\$ 1,680.00 <input type="checkbox"/>	Week Day Before 3pm Annual Pass		\$ 504.00 <input type="checkbox"/>
Family(up to 4 Members)		\$ 2,205.00 <input type="checkbox"/>	Fox Lockers		Regular
Junior (13-18Yrs)		\$ 210.00 <input type="checkbox"/>	Club Storage		\$ 78.75 <input type="checkbox"/>
Intermediate (19-22Yrs)		\$ 420.00 <input type="checkbox"/>	Fox Driving Range		Regular
			Annual Pass - Members Only		\$ 126.00 <input type="checkbox"/>

Fox Power Carts		Regular	Fox Camp Ground - Members Only		Regular
Trail Fee Season - Storage at Campsite		\$ 210.00 <input type="checkbox"/>	Full Season - Power Only - Site# _____		\$ 1,680.00 <input type="checkbox"/>
Trail Fee Season with Cart Shed # _____		\$ 420.00 <input type="checkbox"/>	Full Season - Full Service - Site# _____		\$ 2,100.00 <input type="checkbox"/>
Annual Cart Pass		\$ 630.00 <input type="checkbox"/>			

Advertising Options For 2020

Fox Cart Advertising with Colour Logo		Regular	Fox Maintenance		Regular
Continuing Advertising Cart# _____		\$ 315.00 <input type="checkbox"/>	Holes 1-18 Hole# _____		\$ 525.00 <input type="checkbox"/>
First Time Advertiser 1yr with setup fee		\$ 630.00 <input type="checkbox"/>	Driving Range or Putting Green		\$ 1,050.00 <input type="checkbox"/>

Fox Scorecard Advertising		Regular	Continuing
First Time Advertiser 1yr with setup fee		\$ 105.00 <input type="checkbox"/>	\$ - <input type="checkbox"/>

Please Let Us Know if you would like to participate in this new program and we will get your information for the colour ad.

Bundle All Your Payments For 2020

Authorized Full Amount: _____

Member: _____

Business Billing: _____

Address: _____

MC/Visa # _____ Phone: _____

Expiry: Mo _____ Yr. _____ email: _____

Birth Date: _____ Signature: _____

Family / Couple Members	
1)	Birth Date
2)	Birth Date
3)	Birth Date

Mail receipt email receipt Thank you, no receipt, needed Send as Sponsorship Receipt

Extra Note: