

\*\*\*\*\*Mail all payments with the form provided below\*\*\*\*\*

**PLEASE RETURN THIS INVOICE WITH PAYMENT**

Member's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children's Name(s) & Age(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Enclosed is my payment for:**

Golf Membership Type \_\_\_\_\_ \$ \_\_\_\_\_

Cart Storage Membership.....  Gas  Electric \$ \_\_\_\_\_

Yearly CCGL Cart Rental/Annual Trail Fee \_\_\_\_\_ \$ \_\_\_\_\_

Range Ball Membership \_\_\_\_\_ \$ \_\_\_\_\_

GHIN Membership (for non-league players) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

**Sign me up for:**

Men's Wednesday Night League \_\_\_\_\_

Women's Tuesday Night League:  
9 hole Team League \_\_\_\_\_

**PLEASE MAIL TO:**

**Cross Creek Golf Links  
P.O BOX 154  
Cambridge, NE 69022**

**Thanks for your support !**