



CRYSTAL
M O U N T A I N

**Application for 2020
Limited Golf Pass**
Please fill out entire application

Name (please print): _____

Additional golf passholders's name (if applicable): _____

Address: _____

Phone number: _____

E-mail: _____

Range Pass added to a Limited Pass at \$99: _____

Range Pass without a Limited Pass at \$199: _____

Payment information: Credit card or Check enclosed

Credit card number: _____ Exp: _____

Amount: _____

Signature: _____

Please return to:

Crystal Mountain – Pro Shop
12500 Crystal Mountain Drive
Thompsonville MI 49683
231-378-2000 ext. 4000 Fax: 231-378-4757

Office use only: Passholder number: _____ Entered by: _____ Date entered: _____