



GUEST CREDIT CARD PAYMENT AUTHORIZATION

This form must be accompanied by a LEGIBLE copy of the front and back of the referenced credit card.

Name on Credit Card: _____

Type of Credit Card: Visa Mastercard Discover American Express

Credit Card Number: _____ Expiration Date: ____/____
CVV: _____

CARDHOLDER SIGNATURE _____

RENTAL CLUB COST: \$50.00 + Tax Each

Golfer's Name: _____

RENTAL CLUB TYPE (**Circle One**): Right-Handed or Left-Handed

RENTAL CLUB TYPE (**Circle One**): Men's or Ladies

Golfer's Name: _____

RENTAL CLUB TYPE (**Circle One**): Right-Handed or Left-Handed

RENTAL CLUB TYPE (**Circle One**): Men's or Ladies

Golfer's Name: _____

RENTAL CLUB TYPE (**Circle One**): Right-Handed or Left-Handed

RENTAL CLUB TYPE (**Circle One**): Men's or Ladies

Golfer's Name: _____

RENTAL CLUB TYPE (**Circle One**): Right-Handed or Left-Handed

RENTAL CLUB TYPE (**Circle One**): Men's or Ladies

Completed forms can be submitted to dirgolf5742@lpgainternational.com.

If you have any questions on club rentals, please contact the Pro Shop directly at (386) 523-2022.