

BEDFORD CREEK GOLF COURSE
12870 STATE Rte. 3, P. O. BOX 70
SACKETS HARBOR, N. Y. 13685
(315) 646-3400

BCGC e-mail: info@bedfordcreekgolf.com
APPLICATION FOR SEASONAL MEMBERSHIP
2024 SEASON

NAME(S) _____, _____, _____
 please print (last) (first) (first)
ADDRESS (Summer) (Winter - if different)

(telephone) _____
(e-mail) _____

I/We are applying for seasonal golf privileges only. I understand that this is a nine hole, daily fee, individually owned, golf course, owned by David W. Wehr and Barbara M. Wehr, incorporated under the laws of New York State. I realize that the fee may not include fixed Local, State, or Federal Taxes if applicable, or such optional fees for any optional services as may be made available.

I/We agree to abide by all of the rules, regulations and bylaws of Bedford Creek Golf Course, and understand that once committed, seasonable fees are non-refundable or transferable. This is a non-protected plan.

Applicant(s) (1) _____ Date _____
(2) _____ Date _____

-Do not tear off------

Type of membership _____ Notes: _____

Single Payment

Amount Due _____ Paid _____ Ck#/Cash _____
Paid in full _____ Date _____
(Course Rep. Signature)

Installment Payments

Amount Paid _____ Date _____ Ck.#/Cash _____ Balance _____
Amount Paid _____ Date _____ Ck.#/Cash _____ Balance _____
Amount Paid _____ Date _____ Ck.#/Cash _____ Balance _____

Please Note: Initial installment payment to be 50% of total amount due.

If payment is in installments, final payment is due BY July 1, 2024

A late fee of 10% of unpaid balance will be added after July 1st.

**** signed application and deposit required to be considered a member ****

Applicant signature _____ Course Rep. _____
Date _____ (Signature) (Signature)

Paid in full _____ Date _____
(Course Rep. Signature)