BOCA WEST
COUNTRY CLUB

SHIPPING REQUEST FORM

Powered By SHIP STICKS

SHIP TO ADDRESS

Name/Business: _____

Address: _____

Suite / Apt. / Bldg: _____

City: _____

State: _____

Zip: _____

MEMBER INFORMATION

First Name: _____

Last Name: _____

Phone: ( ) _____-_____

Email *(Required)*: _____

Member #: _____

ROUND TRIP **YES / NO**

RETURN READY DATE: _____/_____/_____

Choose the following business day after your final round.

BAG TYPE (Select) **QUANTITY** (Circle number of bags for each bag type)

◯	Standard Golf Bag (0-42 lbs):	1 2 3 4 5 6 7 8 9 10
◯	XL Golf Bag (43-56 lbs):	1 2 3 4 5 6 7 8 9 10

SERVICE LEVEL (Service level will be applied to all bag type. See reverse side for pricing/transit times)

◯ Ground (3-6 days) ◯ 3 Day Express ◯ 2 Day Express ◯ Next Day Express

INSURANCE (Charges will be applied to each bag type selected)

◯ $3,000 ***($9 Required)*** ◯ $3,500 ($10) ◯ $5,000 ($13) ◯ $7,500 ($16)

SIGNATURE: _____

Receiving Department Use Only INITIALS: _____ TOTAL CHARGES: $_____