



## Golf Tournament Application Form 2019

Please Print Clearly

Function Date: \_\_\_\_\_

Client/Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Deposit Amount (\$1 000.00 non-refundable) is to be **PAID ON BOOKING**

Cheque \_\_\_\_\_ Cash \_\_\_\_\_ VISA \_\_\_\_\_ M/C \_\_\_\_\_

50% of Expected Final Invoice Due Two Months Prior to the event

Due date for said payment: \_\_\_\_\_

***This agreement is subject to function terms, conditions and club policies. Your signature indicates you have read, received a copy and agree with the terms and conditions provided in this document.***

Client please print \_\_\_\_\_

Client Signature \_\_\_\_\_

Witness please print \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date: \_\_\_\_\_