



Golf Tournament Application Form 2020

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: _____