

## 2024 PRACTICE & PLAY MEMBERSHIP

\$69.00 plus tax PER MONTH

\$19.00 plus tax December, January, & February

FREE

**GREENS FEES\*** 

During Practice & Play Access Times

FREE

RANGE USAGE

Unlimited Range Balls and use of the Driving Range and Practice Facility

**GUESTS** 

**BRING UP TO 3** 

AtSeasonal Guest Pricing\*

FREE DRINK included with each round!

FREE Membership in GlenOaks Prospect Club!
USGA GHIN Handicap \$40 per year

## PRACTICE & PLAY ACCESS FEES &TIMES (with 7 day Advanced Booking)

## **Monday Through Sunday**

March 1<sup>st</sup>, 2024 11:00am - 2:00pm 2:00pm - 5:00pm - Close through \$22.00+Tax \$15.00+Tax \$12.00+Tax

October 31st, 2024

November 1<sup>st</sup>, 2024 Monday Through Sunday

Through 11:00pm - 12:00pm 12:00pm - 2:00pm 2:00pm - Close **February 28<sup>th</sup>, 2025** \$22.00<sub>+Tax</sub> \$15.00<sub>+Tax</sub> \$12.00<sub>+Tax</sub>

\*GOLF ACCESS FEE REQUIRED FOR ALL GOLF ROUNDS (WALKING OR RIDING)\*



		COUNTRY CLUB					
Practice & Pla		Daks Country Club: offers golfers the following benefits for the period of, to, to, to, to, to, to, to					
privileges:							
(i)		Use including Range Balls, 7 days a week (weather permitting)					
(ii)	Free green fees at specified Practice & Play Access times (see above)						
	(iii) Access fee required when playing during specified Practice & Play Access times (see above)						
(iv)	Up to 7 day advance reserv Unlimited FREE access to						
(v) (vi)	Free Drink included with e						
(vii)	Access to Dining any time						
		Membership is required to gain access to Swimming Pool or Golf Events					
include children (	(under the age of 18) living in	or the Player, and for an additional fee, up to two (2) of the Player's family members. Family members in the same home. Upon execution of the Agreement and payment of the Plan Fee indicated below, the re all Plan benefits and privileges.					
Plan Fee. Player	fees are as follows – please s	select one by providing pass holder name(s).					
		<u>Individual</u>					
Pass Holder Name:		\$500 (Annual Fee) or \$69 (Monthly Fee Mar-Nov) (\$19 p/Month Dec-Feb)					
		<u>Spouse</u>					
Family Member Name:		\$500 (Annual Fee) or \$69 (Monthly Fee Mar-Nov) (\$19 p/Month Dec-Feb)					
		Junior U-18 family member for an additional					
Family Member N	Name:	\$318 (Annual Fee) or \$29 (Monthly Fee Mar-Nov)(\$19 p/Month Dec-Feb)					
		Payment Options					
	o the term of the agreement for	upon execution of this Agreement and understand there will be no refunds if I terminate my or any reason.					
	my Credit Card or Bank Acco	<b>liments</b> to be due the fifteenth day of each calendar month of the Term. Club is hereby authorized to ount with information on the following page.					
	ny charges or expenses (e.g. fo	redit card information or bank account within ten (10) days of the change. I agree that Club is not or overdrawn accounts, exceeding credit card limits, etc.) resulting from charges billed by Club.					
	an installment payment not be	understand that I will forfeit my privileges and be unable to sign up for the installment payment plan in e made for any reason.					
to be posted in the above. Any mem	e golf shop for 30 days prior t ber found giving range ba	times, or rates may be changed or terminated by the club at any time with 30 days notice. This notice is to any changes. This program is for the sole use of the member and any added family members listed <i>lls to nonmembers or removing range balls from the facility will be immediately expelled</i> anot be available on holidays, tournament days, and other blackout dates may apply.					
Date		Member Name:					
<b>Golf Course Use</b>		Address:					
Sold By							
		City, State, Zip:					

Phone Number:

Individual E-Mail Address:

Spouse or Junior E-Mail Address:

Signature:



MEMBER #	_ (created by Club Administration)
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## **EFT RECURRING DEBIT AUTHORIZATION**

(DEBIT OR CREDIT CARD)							
		n', LLC hereinafter called Gler r to my (our) account listed belo	Oaks Country Club, to initiate debit/o	redit entries			
CREDIT CARD Type of Credit Card:	Visa/MC□Amex						
Account Number			Exp. Date				
Card Holder Name			CVC Code				
Billing Address			Zip Code				
Begin deducting from m	y/our above credit ca	ard on the <b>fifteenth</b> day of	(MONTH), <u>20</u>				
			u of such in writing and you must pay your Gler vill be added to your next statement for each oc				
debit shall occur on the received written notified	ne following bankin cation in the form the month prior to t	g day. This authority shall re of an Email Cancellation fro he date it is to take effect as	on a Saturday, Sunday, or Federal I main in effect until GlenOaks Count n me (us) of its termination of mem to afford GlenOaks Country Club a	ry Club has nbership no			
Print Name	Date	Print Name	Date				
				*			
Account Holder Signature		Account Holder Signature					