

ARROWHEAD GOLF CLUB

655 Gallup Road Spencerport, NY 14559-9526 585-352-5500 Phone 585-352-8722 Fax

2004 JUNIOR GREENS FEE CARD APPLICATION

NAME: _____ Phone: _____
ADDRESS: _____ Date of Birth: _____
_____ NY ZIP: _____ E-Mail: _____

PLEASE COMPLETE THIS APPLICATION AND SUBMIT WITH YOUR PAYMENT

JUNIOR MEMBERSHIP: A junior membership may be requested by persons who are at least 8 years of age and who have not reached their 18th birthday. Children under 12 years old must be accompanied by an adult on the golf course unless a member of the Junior Program or complete the golf etiquette clinic.

SINGLE + JUNIOR MEMBERSHIP: A junior member, and a single adult member. The members may play together or separate, but any child under 12 years old is required to be accompanied by an adult, unless a member of the Junior Program or complete the golf etiquette clinic. Single member must complete single membership form.

MEMBERSHIP RULES: A junior member may play golf any day or time with the following exception: **Weekends and Holidays** (June 1 through September 15) play is restricted until **after 1:00pm**. Play is also restricted during league and tournament play.

EXPULSION FROM MEMBERSHIP: A junior member may be dropped from membership if he or she is caught damaging property or conducting any other un-sportsmanlike conduct. Parents will be notified of the problem, and management of the golf course will make the final decision on expulsion. "Three strikes rule" - three complaints means automatic expulsion.

EARLY BIRDIE RATES: Payment must be received by **FEBRUARY 1st 2004** and save Five Percent(5%). Cash or check only.

CHECK ONE OPTION:

_____ JUNIOR	after Feb. 1, 2004	\$250.⁰⁰
_____ <u>Received before</u>	Feb. 1, 2004	\$237. ⁵⁰
_____ JUNIOR (Single+Junior)	after Feb. 1, 2004	\$175.⁰⁰
_____ <u>Received before</u>	Feb. 1, 2004	\$166. ²⁵

Discounted rates are only applicable for options paid by CASH, CHECK or MONEY ORDER and cannot be applied if paid by credit card.

2004 JUNIOR GREENS FEE CARD RATE Amount Applicable: _____

GHIN Handicap (optional \$5.00 juniors): _____

TOTAL REMITTED _____

All fees are non-refundable

I have read the membership application and agree to abide by terms and conditions thereof.

Applicant's signature

Date

Parent or Guardian's signature

Date

