

GOLF TOURNAMENT WAIT LIST APPLICATION

Please fill in the information below and attach a check made payable to: **PEASE GOLF COURSE** in the amount of **\$200.00** as a booking fee deposit. Sign the form and return it to the address below.

NAME OF TOURNAMENT COORDINATOR: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

TOURNAMENT NAME: _____

REQUESTED DAY OF WEEK AND MONTH: _____

ESTIMATED NUMBER OF PLAYERS: _____

OUTINGS WITH 60 OR MORE PLAYERS WILL COMMENCE AT 9:00 A.M. SHOTGUN START IF REQUESTED

I understand that my application for a golf tournament will be placed on a waiting list from which names will be taken as openings become available. I understand the list is on a "first come, first served basis".

I understand that the outing date is for one golfing season only and may not be available to me in succeeding years.

I understand that tournament participants must adhere to standards of conduct and attire as established by the Management and that failure to do so may result in the tournament not being rescheduled for future dates.

I understand the booking fee is non-refundable if the tournament is scheduled, and that the deposit and date are non-transferable.

I understand the booking fee deposit will be deposited upon receipt. If the application is approved, the balance of the **\$500 Booking Fee**, and the Reservation and Terms/Conditions agreements must be completed and returned within two weeks for the date to be secured. Should the tournament not be scheduled, a refund of the \$200 Booking Fee will be returned, less a **\$25.00 administration fee**.

DATE: _____ SIGNED: _____

Sign, date and return this application, along with a **\$200.00** check for the booking fee deposit, to:

SEND TO: PEASE GOLF COURSE
200 GRAFTON DRIVE
PORTSMOUTH NH 03801

IF YOU WISH TO RECEIVE A RECEIPT, SEND A SELF-ADDRESSED, STAMPED ENVELOPE.