

LAKESIDE GOLF CLUB 2019 RESTRICTED PASS HOLDER

Date: _____

Name: _____

Mailing Address: _____

City _____ Postal Code _____

Phone: Res. _____ Mobile: _____ E-mail: _____

Restricted Tee Time Privileges

Golfing privileges schedule:

Monday – Wednesday	Unrestricted
Thursday – Friday	Before 12:00 noon
Weekends & Holidays	After 4:00 p.m.

6 Day advance booking privileges for weekday and weekend play.

Restricted Pass Holders who play outside of this schedule will pay regular green fee rates. The Pass Holder is **NOT** a member of Lakeside Golf Club and does not share in any of the member privileges.

APPLICATION & LIABILITY WAIVER

I hereby voluntarily assume all risks of accident or damage to my person or property and that of my family and guests during such time that I am a restricted pass holder of **Lakeside Golf Club**. I waive all rights, claims, damages, actions and suits that I may have, and forever discharge, hold harmless and indemnify 645622 Alberta Ltd., Manager of **Lakeside Golf Club**, its partners, members, officials, agents and employees from all such damage, injury, claims or loss of any kind which I or my family or guests may sustain for any reason arising out of our use of the facility or equipment provided by **Lakeside Golf Club**.

SIGNED AND DATED AT _____, Alberta on the _____ day of _____, 2019.

Signature _____ Witness _____

CREDIT CARD AUTHORIZATION

I hereby authorize Lakeside Golf Club to charge the agreed amount onto my credit card for the Restricted Pass.

Name of cardholder: _____ Signature: _____

Credit Card No. _____ Expiry _____

On or before February 16, 2018 \$1749.00+GST=\$1836.45
2019 Rate - \$1795.00+ GST = \$1884.75