

LAKESIDE GOLF CLUB

2017 RESTRICTED PASS HOLDER

Date: _____

Name: _____

Mailing Address: _____

City _____ Postal Code _____

Phone: Res. _____ Bus: _____ 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 play.

2nd Ballot Draw for weekend and Holiday 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 _____, 2017.

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 _____

\$1695.00 + GST = \$1779.75