

# Castlegar Golf Club

## Group & Tournament Application



PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE  
FAX #: 250-365-7788

Tournament/Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Alt. Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Rental Clubs Needed: Y / N Right Hand: \_ Left Hand: \_ Men's \_\_\_\_\_ Ladies \_\_\_\_\_

Tournament Date: \_\_\_\_\_ Time Requested: \_\_\_\_\_ 18 or 9 Holes: \_\_\_\_\_

Expected Number of Entrants: \_\_\_\_\_ Format: \_\_\_\_\_

**Are there any special requests that will require the Golf Shops assistance?** (For example: Food Services, Prize Packages, Cart Rentals, Lessons or Clinics, Range balls, Scoring Assistance or Proximity Markers)

\_\_\_\_\_  
\_\_\_\_\_

**I have read and understand the policies and by signing, I am taking responsibility that this tournament will abide by the Liquor Board Regulation and all Castlegar Golf Club policies.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### DEPOSIT INFORMATION

Payment Type: Cheque: \_\_\_\_\_ or Visa: \_\_\_\_\_ or MasterCard: \_\_\_\_\_

Cheque #: \_\_\_\_\_ or Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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### OFFICE USE ONLY

Date Confirmed: \_\_\_\_\_ G/Fee Confirmed: \_\_\_\_\_ Confirmed App. Faxed: \_\_\_\_\_

Time Confirmed: \_\_\_\_\_ Club Contact: \_\_\_\_\_ Signature: \_\_\_\_\_