



TOURNAMENT RESERVATION

679 NY, ROUTE 79, P.O. BOX 348
WINDSOR, NEW YORK 13865
PHONE: (607) 655-3217

This form must be completed, signed and returned with a deposit to Golden Oak Golf Course before your tournament is scheduled.

DATE OF TOURNAMENT _____, FORMAT _____

NAME OF GROUP _____
(either 7:30 a.m.)

STARTING TIME : (or 1:00 p.m.) _____

NUMBER OF PLAYERS _____, POWER CARTS _____
(We need "LIST OF PLAYERS" at least one week prior to the tournament)

TOURNAMENT CHAIRPERSON _____

ADDRESS _____

PHONE(HOME) _____, (WORK) _____

DEPOSIT (\$2.00 PER PERSON) : \$2.00 X _____ Players = \$ _____

FOOD SERVICE/MENU(IF ANY) _____

NUMBER OF MEALS(IF ANY) _____

BEVERAGE SERVICE : BEER _____, SODA _____

LONGEST DRIVE: HOLE # _____, CLOSEST TO PIN: HOLE # _____

OTHER SPECIAL ARRANGEMENTS _____

RATE PER PERSON (GREEN FEES AND RIDING POWER CART) :

(1). SAT/SUN/HOL. : \$28.00 X _____ Players = \$ _____

(2). WEEKDAYS AFTER 11:00 a.m. : \$23.00 X _____ Players = \$ _____

(3). WKDAYS SPECIAL(Before 11:00 a.m.) : \$21.00 X _____ Players= \$ _____

The party signing this agreement is responsible for payment of all fees incurred by the group. Payment in full, shall be made before the start of play. Written confirmation will be sent to the Tournament Director upon receipt of the reservation, agreement and deposit.

TOURNAMENT CHAIRPERSON

GOLDEN OAK GOLF COURSE

DATE SIGNED

DATE SIGNED

