

Stonebridge Golf Club & The Ridge Golf Club

2021 Player's Pass

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1 _____ Phone #2 _____

E-Mail: _____

Rates and fees for 2021:

- ✓ Purchase Price \$199.95 + tax
- ✓ \$10 Green Fee 9 or 18 holes, Mon.-Fri. anytime; Sat., Sun. & Holidays after 1:00pm
- ✓ \$10 Cart Fee 9 or 18 holes, Mon.-Fri. anytime; Sat., Sun. & Holidays after 1:00pm
- ✓ **\$32 Fee (includes cart) 18 holes, Sat., Sun. & Holidays before 1:00pm**
- ✓ \$5 Discount for all guests. Valid only when guests pay regular 18-hole rate.
- ✓ \$1 Discount on range tokens
- ✓ One hour early access to Twilight Rate for all guests
- ✓ 10% Discount on Pro Shop merchandise – In-stock items only - Excludes special/individual orders
- ✓ 10% Discount on food and beverage - Excludes beer, clubhouse purchases only

Terms and conditions for 2021:

- ✓ The Player's Pass is non-transferable and for individual use only.
- ✓ Each individual pass must have barcode scanned prior to the beginning of any round of golf.
- ✓ Player's Pass holders may be required to show I.D. in order to receive benefits.
- ✓ Player's Pass holders must follow the 18-hole route assigned by the Pro Shop starter. Related actions such as skipping holes or going to a different course than assigned will not be tolerated.
- ✓ Player's Pass holders who play more than 18-holes in one day must check in with the Pro Shop and pay the additional green and cart fees.
- ✓ Player's Pass holders will be required to follow instructions of all golf course personnel. Any abusive action or language towards golf course personnel will not be tolerated.
- ✓ Player's Pass not valid with any advanced booking, tournament outings, other specials or promotional rates.
- ✓ Player's Pass holder agrees to the conditions of the WVC Daily Golf Cart Rental Agreement.
- ✓ Pass valid from date of purchase until December 31, 2021.

Failure to comply with or abuse of any terms or conditions listed above may result in termination of Player's Pass and associated benefits for the remainder of the year. If you agree with the listed fees and conditions, please sign & date.

X _____

_____ Date: ____/____/____ Pass # _____