



SHALIMAR COUNTRY CLUB GOLF MEMBERSHIP CONTRACT

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **E-MAIL** _____

I agree to purchase a Golf Membership at Shalimar Country Club in Tempe, Arizona, for the period _____ to _____ at a cost of \$600 plus sales tax. I understand that I may also purchase a second membership at \$300 plus sales tax for an immediate family member living in the same household. A family membership for a husband and wife and their children (under the age of 18 living in the same household) is available at \$1,200 plus tax.

I understand that I will be allowed to reserve a golf car as needed (must be 18 years old and hold a valid drivers license) at the going rate or purchase a Trail Pass (\$350 per person plus sales tax).

I also understand that my golf membership will not apply when the golf course is closed for maintenance purposes. I also understand that Shalimar reserves the right to book tournaments from time to time. I understand that I am entitled to make tee times up to eight days in advance, that I am entitled to a 15% discount on regular-price golf shop merchandise and 12 large buckets-of-balls. I also understand that my membership is non-transferable.

I understand that I will receive four guest passes that can be used anytime excluding the time periods described above. In addition, I pledge that I will be considerate of Shalimar Golf Course and Clubhouse.

Signed _____ Date _____

Received by _____ Date _____