

THE GOLF CLUB AT
STONELICK HILLS

SINCE 2004
3155 Sherilyn Lane
Batavia, OH 45103
513-735-GOLF

Golf Outing Contract

Date of Outing: _____

Organization or Group: _____

Group Contact: _____

Address: _____

Phone: _____ Fax: _____ E Mail: _____

Start Time: _____

Type of Start: _____

Estimated Total Cost: _____

* Total cost may fluctuate depending on number of players and selection of food and beverage option.

The contact person named above or the company they represent guarantees the payment of the total cost of the services purchased and agrees to be bound to the minimum payments required. A Deposit of 10% of the Total Cost Shown above is required to secure the date for your event, see Guidelines 1, 2, 3.

The group contact hereby agrees on behalf of his/her company, if applicable, and all event participants to accept and abide by the provisions set forth in this contract and all Course Policies in place the day of the event.

Deposit: _____

Group Contact: _____

MasterCard/Visa: _____

Company (if applicable): _____

For Stonelick Hills Golf Club: _____