

2017 Grandfather/Cottage Membership Application (One Applicant per Form)

Applicant _____ Member #: _____ Handicap Flag**:
Circle one Y N

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ Email: _____

FEE: \$949.00

GHIN HANDICAP INFO

GHIN # _____ NAME: _____ FEE: \$35.00

****Please include Handicap Flag documentation if applicable**

By signing below, you acknowledge the Rules and Regulations as set forth by the Board of Selectmen and Director of Golf, including the Alcohol Use Policy***. This membership entitles you to the privileges of the Dennis Pines and Dennis Highlands Golf courses as set by the Board of Selectmen and the Director of Golf. This membership may be cancelled or suspended at any time at the discretion of the Director of Golf if your actions are unbecoming of a member of the golf course.

*****Alcohol is not permitted on any course unless purchased from the Restaurant on said premises. All Coolers are subject to search.**

Signature of Applicant: _____ Date: _____

GOLF CART RENTAL MARCH 1, 2017 THRU FEBRUARY 28, 2018

The golf cart is hereby leased to the indicated lessee for the date range indicated on said agreement. The lessee acknowledges that he/she has a valid driver's license and is familiar with the use of operation of the said cart, and he/she will use an operate the cart in a safe, prudent manner for the playing of golf. The lessee agrees to return the cart in the same condition as he/she received it and shall be responsible for any damage or breakage. The lessee also agrees that no right of action shall accrue to the lessee for any loss or damage to person or property arising from the use of the cart or resulting from any mechanical failure or component of the said cart. The lessee further agrees to hold Dennis Golf free and harmless against all claims arising from the operation of the said cart. The lessee shall assume the entire responsibility of loss or damage to cart, person or property caused by a guest passenger.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

TOTAL AMOUNT COLLECTED: _____ PAYMENT TYPE: CASH CHECK # _____

PICTURE ON FILE: Y OR N

circle one

AGE VERIFIED: Y OR N DOCUMENTATION TYPE: DRIVER'S LICENSE BIRTH CERT OTHER: _____

circle one

APPLICATION PROCESSED BY: _____ DATE: _____

INITIALS