

WEEKDAY INDIVIDUAL/COUPLE GUEST PASS APPLICATION AND CONTRACT

GUEST NAME: _____
ADDRESS: _____
CITY, ZIP CODE: _____ HOME PHONE: _____
EMPLOYER: _____ ADDRESS: _____
CITY, ZIP: _____ PHONE: _____
POSITION/TITLE: _____ NCGA HANDICAP# _____

The following Agreement represents a binding contract between the GUEST and Tracy Golf and County Club, a California nonprofit mutual benefit corporation. The Agreement shall be effective upon execution by both the GUEST and Tracy Golf and County Club. The GUEST is encouraged to review the Agreement carefully, in conjunction with the policies and rules of play Tracy Golf and County Club, incorporated into this Agreement by reference.

- 1. The Club has developed a Weekday Individual/Couple Guest Pass for those who wish to use Club facilities without the benefits of membership. The Guest will not be considered a member for purposes of the Bylaws and will not be entitled to vote.
- 2. The Guest(s) may play on Tuesday thru Friday only.
- 3. On weekends and holidays, the Guests can play tournaments, but must pay guest fees to play 9 or 18 holes in addition to the tournament entry fee on the weekends.
- 4. Family members or friends of the Guest may play by paying applicable guest fees. No guest passes will be issued
- 5. This Guest Pass is not effective until (1) it has been approved by the Board of Directors, (2) the Guest has paid the applicable initiation fee, as determined by the Board of Directors, and (3) the Club has obtained a credit check to its satisfaction.
- 6. The Guest agrees to abide by all policies and rules of conduct and play established by the Board of Directors of Tracy Golf and County Club, the Club Manager or Golf Professional. The Club Board of Directors may suspend playing privileges under this Pass, in its sole discretion, for any violation of Club policies or rules of conduct. Any such suspension does not relieve the Guest of its financial obligations under this contract.
- 7. The Guest is responsible for the payment of monthly dues, as set by the Board of Directors. The dues may change from time to time.
- 8. This is an annual guest pass – the Guest is committing to and pays dues for a full year. The Guest pass will automatically renew for another 12 month period on the anniversary date. The Guest may only cancel the Guest Pass, effective on the anniversary date, by providing 30 days written notice to the Board of Directors. The Club may cancel the Guest Pass, effective on the anniversary date, by providing 30 days written notice to the Guest. Any attempt to cancel or abandon the guest pass prior to the anniversary date shall not relieve the guest of the obligation to pay dues for a full year.
- 9. Interest and/or late charges may accrue for failure to pay dues or other charges as billed. The Club may send this contract to a collections agency for collection if the Guest is more than 30 days delinquent on any sums owed to the Club. The Guest shall be liable to the Club for all costs and expenses, including attorney’s fees, of any collection or other legal action required on this contract.
- 10. This Guest Pass is personal to the Guest(s) noted above and is nontransferable.

I have read the foregoing and agree to the terms and conditions of the Weekday Individual Guest Pass Contract:

Date: _____ Date: _____

Guest’s Signature: _____ **Tracy Golf and Country Club**

Guest’s Signature: _____
(If weekday couple guest pass)

Board Action: _____ By: _____
Date Application Received _____
Board Recommendation: _____ Guest Pass is to start (*Anniversary Date*) _____
Board Recommendation: _____ Guest Pass Termination Date _____

GUEST PASS AUTHORIZATION
TO RELEASE CREDIT INFORMATION

To Whom It May Concern:

I/We have applied for a guest pass with the Tracy Golf and Country Club. You are hereby authorized to release any information required by the Tracy Golf and Country Club to complete the processing of my guest pass. Necessary credit information may include consumer credit balances, payment history (includes mortgages payment records and balances), and/or employment and salary information.

A photographic or carbon copy of this authorization form may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite my membership request.

Thank you,

Signature

Date

Social Security Number