

Philip J Rotella Memorial Golf Course
Thiells Mt Ivy Road, Thiells, Ny 10984 Pro Shop (845) 354-1616 Ext: 3 Fax (845)
362-8014 Head PGA Golf Professional: Michael Laudien

Weekend Golf Outing Agreement

Date Requested _____ Desired Tee Time _____ # of Golfers _____
Name of Organization _____
Address of Organization _____
Telephone number _____ Cell _____
Email Address _____

Outing Terms

- 1) A Non-Refundable Deposit of \$500 is required at the time of booking. Please make all checks payable to: TOWN OF HAVERSTRAW (We also accept MASTERCARD or VISA for your deposit see below)
- 2) The Outing Fee to cover greens fees and carts is \$95 per player provided you meet the minimum of 12 players. This Fee shall be paid to the Golf Shop.
- 3) An Organization may increase the number of golfers in the outing (14) days prior to the outing provided that space is available.
- 4) The Non-Refundable Deposit of \$500 will be applied to your outing the day of your outing.

Outing Policy and Rules

- 1) DRESS CODE: NO JEANS, DENIMS, or TEE SHIRTS ALLOWED. Each golfer must wear a collared shirt or golf style mock turtleneck. Dress code will be strictly enforced.
- 2) Each foursome is limited to two golf carts per foursome. Each golfer in the outing must have his or her own set of golf clubs.
- 3) The organization is responsible for the placing and removal of their proximity markers for “longest drive” and “closest to the pin”. The golf shop will supply the markers.
- 4) Failure to obey to Golf Course rules and regulations will result in loss of outings \$500 Deposit.
- 5) The organization and / or its golfers are NOT PERMITTED to supply and distribute FOOD and / or BEVERAGE to the outing participants unless such food and / or beverage are purchased from the Sonoma Grill Golf Course Restaurant. If an organization is in violation of this rule the outing will be cancelled and the \$500 deposit will be forfeited.
- 6) COOLERS are not permitted on the golf course.

I have read the above and understand and accept the responsibility

Date _____ Representative Name _____
Signature _____

MASTERCARD or VISA Only: _____ Exp: _____

Return to: Michael Laudien PGA Head Professional
200 Thiells Mt Ivy Road, Pomona NY 10970 Fax: (845) 362-8014
Email: Laudien@Laudiengolf.com

No Dates are guaranteed until
Deposit and Contract are received by Proshop