



MONTHLY DRIVING RANGE PROGRAM

Oak Hollow Golf Course offers golfers the following benefits. In consideration for the prepaid fee, the Player and any included family members listed below have the following privileges:

I. Unlimited range balls

The Driving Range Program is available for the player and, for an additional fee, up to two (2) of the player's family members. Upon execution of the agreement the payment of the Plan Fee indicated below, the player and named family members all receive the Plan benefits and privileges.

Plan Fee

Player fees are as follows – please select one by providing the pass holder's name(s).

Individual - \$54.99 per month.

Add a family member - \$74.99 per month.

_____ **Pass Holder's Name**

_____ **Family Member's Name**

Add two family members - \$94.99 per month.

_____ **Family Member's Name**

Installment Payment Plan

I wish to pay my Plan Fee in monthly installments to be due at the end of each calendar month. Oak Hollow Golf Course is hereby authorized to make a charge to my _____ (Visa or MasterCard) Credit Card

Account Number: _____ - _____ - _____

Exp Date: ____/____ in the amount of \$ _____ per month +tax.

I understand that my monthly billing can stop at any time by providing the Golf Course with 2 weeks' notice that I am terminating the agreement. I agree to report to the Director of Memberships all changes to the above Credit Card information within ten (10) days of the change. I agree that the Golf Course is not responsible for any charges (e.g., overdrawn accounts, exceeding credit card limits, etc) resulting from charges billed by the Golf Course. **I understand that Oak Hollow Golf Course reserves the right to modify these prices at any time provided notice is given in advance.** I agree to pay the charges by the due date and understand that my membership will be suspended, and my benefits will be void if no payment is made. I understand Oak Hollow has the right to close the range at any time for any reason (tournaments, weather, maintenance, etc.) and my benefits will not apply.

Signature: _____

Date: _____

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____