



# 2017 Silver Oak Twilight Passport Application

**\$1200 Individual  
\$2000 Family**

**BONUS: 2017 Twilight Passport that is purchased by November 30, 2016 will receive a \$100 discount.**

I agree to purchase an/a (Individual / Family ) pass at Silver Oak Golf Course for the 2017 season. I agree to hold Silver Oak Golf Course and its employees harmless from any liability arising from the use of the golf course or its equipment. In addition, I agree to observe all policies and rules set forth by Silver Oak Golf Course Management governing the use of all facilities at Silver Oak Golf Course. As a condition of purchase, the following is also understood and agreed to:

- Unlimited golf with cart valid from January 1<sup>st</sup> – December 31<sup>st</sup> during POSTED twilight times
  - Green fees are waived for official Men’s, Senior’s or Women’s Club weekly play
  - Tee times may be reserved 15 days in advance
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- Applicants are aware that course availability may be limited due to tee times, tournaments, maintenance practices or weather.
  - All pass holders must check-in the golf shop prior to golfing.
  - The use of private golf carts is only permitted with a valid Silver Oak sticker.
  - Silver Oak Golf Course Management may revoke playing privileges at anytime, without refund, of any pass holder who willfully violates club policies or course rules.
  - You the golfer are responsible for the consequences of a hit ball.
  - Silver Oak Golf Course requires a valid Driver’s License to operate a golf cart.
  - Children under the age of 12 must be accompanied by an adult

*\*(Family constitutes- Individual & Spouse plus (2) children up to the age of 17, within the same household, at time of application)*

By signing below I agree to be bound by all of the above terms, conditions and club rules.

Applicant(s) Signature _____	Date _____
Applicant is purchasing an Individual or Family Pass:	

Individual Printed Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Child: \_\_\_\_\_ Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

Office use

Received by \_\_\_\_\_ Method of payment \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_