



2021 Silver Oak Golf Course
TWILIGHT SEASONAL Application
VALID (7 months) Apr. thru Oct.

TWILIGHT PASSES AVAILABLE FOR PURCHASE DEC. THRU FEB.

\$ 1250 Individual
\$ 1750 Family

I agree to purchase an/a (Individual / Family) twilight pass at Silver Oak Golf Course for the 2021 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 April 1st through Oct. 31st during POSTED twilight times
- **Off season rates for twilight passport holders --\$5 off posted member rates)**
- Green fees are waived for official Men's, Senior's or Women's Club **DURING CLUB SEASON.**
- Tee times may be reserved 15 days in advance.
- Applicants are aware that course availability may be limited due to **tee times, tournaments, maintenance 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 the ball you hit.
- 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: _____

Received by _____ Method of payment _____ Office use _____ Amount \$ _____ Date _____