

THE CLUB AT EMERALD HILLS



Tournament Request Sheet

Today's Date: _____

Contact Person: _____

Name of Group: _____

Phone Number _____

Fax Number: _____

Date Requested: _____

Time Requested: _____

Tee Times _____ **Shotgun** _____

Number Of Players: _____

Price Per Player _____

Tax Exempt; **YES** **NO** _____

Catering Requested **YES** **NO** _____

Credit Card # to Secure Event: _____

Additional Comments: (please see event worksheet) _____

THE CLUB AT EMERALD HILLS

The Club at Emerald Hills Prepay Agreement

THIS AGREEMENT entered into this the _____ day of _____, 2008,

by and between
EMERALD GOLF, INC
(d/b/a/ The Club at Emerald Hills)
4100 N Hills Drive
Hollywood, Fl 33021
("The Club") and

_____ and whose

Address is _____ and whose phone number is

_____ and whose fax number is

_____ ("Client").

Whereas, the Client has requested to the Club to prepay for Tee-Times that are scheduled in advance for the Client.

The Client has provided the Club with a copy of a credit card depicted below and the Authorized signature of said card authorizes the use of said card for prepayment for the Following:

THE CLUB AT EMERALD HILLS

COPY OF FRONT OF CARD

COPY OF BACK OF CARD

Issued by: _____ Credit Card No _____

Exp Date _____

Cardholders Name: _____

Authorized Signature _____

THE CLUB:

THE CLIENT:

THE CLUB AT EMERALD HILLS

BY: _____

BY: _____

Authorized Signature

Authorized Signature

THE CLUB AT EMERALD HILLS

SPECIAL EVENT AGREEMENT

THIS AGREEMENT entered into this _____ by and between

Emerald Golf, Inc.(the "Club-") and

(the "Client") whose address is

and whose phone number is _____ and whose fax number is

NOW THEREFORE THE PARTIES HERETO AGREE AS FOLLOWS:

1. The Club agrees to host a Special Event for and on behalf of the Client, on the following dates:_____.

The Club shall provide the services requested in Event Work Sheet.

List Specific Times Requested

Event Name: _____ **Outing:** _____

2. The Client agrees to pay to the Club the sum of \$_____ per participant in the following manner: \$_____ due no later than _____ 2008 to secure date.

Remaining Balance Due and Payable on the day of Event Date.

Any additional expenses incurred by Client after this date must be paid on the day of the Event.

3. This Agreement may be terminated by the Client up to 1 month prior to the scheduled Event Date and in such event Client will be entitled to a return of its Initial Deposit.
4. In the event this Agreement is terminated by the Client within 8 days to the scheduled event date, the Client shall be entitled to the return of half of the deposit. Cancellation within 7 days of event day, the Client will forfeit their deposit in full.

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5. The Client acknowledges that the price per participant has been determined by the representation of the Client to the Club that the Event shall have ___ participants. In the event the Client has less players than ___ participants the Client then agrees to guarantee payment for the minimum number of ___ participants. The Client agrees and understands that **Payment Will Be Due And Payable on Event Date.**

*** ___ Minimum Guaranteed ***

TEN DAYS PRIOR TO EVENT – PLEASE CALL WITH PLAYER COUNT

6. **The Client acknowledges that the Club maintains a Dress Code which the Client agrees to so advise its participants. Collared shirts must be worn, NO MOCK TURTLE NECKS, Knee Length Golf Bermudas, No Denim or Jeans. Ladies Must Wear Appropriate Attire. WE ARE A SPIKELESS FACILITY.**
7. No food or beverage shall be brought to the Club or consumed on the premises unless provided by the Club. Coolers are available upon request at no charge.

Client:

By: _____

Representative

By: _____

Tournament Coordinator/ Michael Sage

Golf Shop: 954.962.7888

Fax: 954.894.7356

Email: msage@theclubatemeraldhills.com

THE CLUB AT EMERALD HILLS



SPECIAL EVENT WORKSHEET

Date:	
Name of Organization:	
Address:	
City/State/ Zip code:	
Authorized Representative:	
Phone Number:	
Date of Event:	
Time:	
Number of Golfers:	
Type of Tournament:	Shotgun or Tee-Times
Tax Exempt I.D, if applicable	

Please check the following

Type of Format: Scramble Best Ball Other: _____

Registration Table: Yes No

Staffed by: Club Organization

Scoring by: Club Organization Location of Score Sheets: _____

Contests: (Circle correct holes)

Hole #3 yes no Longest Drive yes no

Hole #6 yes no Straightest Drive yes no

Hole #14 yes no Putting Contest yes no

Hole #17 yes no

Hole in One Contest yes no If yes: _____

Other Special instructions;

Sponsorship signs: yes no If yes, Greens Tees Both

Are there any gifts to be distributed: yes no If yes, provided by _____

Club Rentals: yes no If yes, how many _____

Prize Pool: yes no If yes, prize distribution: _____

Committee or Official Carts required: yes no If yes, how many _____

Still Photographer: yes no Video Tape: yes no

Is Food or Beverage being provided? yes no

If yes, details _____

Beverage Cart: yes no If yes, what time: _____