



## **TERMS OF AGREEMENT**

PLEASE FILL OUT THE FOLLOWING AND RETURN TO FOX HOLLOW GOLF COURSE:

GROUP NAME: \_\_\_\_\_

TOURNAMENT DATE: \_\_\_\_\_

TIME OF DAY: \_\_\_\_\_

ESTIMATED # OF PLAYERS: \_\_\_\_\_ PACKAGE CHOSEN: \_\_\_\_\_

|                |                        |
|----------------|------------------------|
| OPTIONS CHOSEN | NUMBER OF HOLES _____  |
|                | # OF POWER CARTS _____ |
|                | # OF RENTALS           |
|                | MRH _____              |
|                | MLH _____              |
|                | LRH _____              |
|                | LLH _____              |

TOURNAMENT COORDINATOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

***I have read and understood the tournament package provided to me by Fox Hollow Golf Course. I will ensure all of the members of the tournament are aware of the policies of Fox Hollow Golf Club in advance of the tournament.***

\_\_\_\_\_  
TOURNAMENT COORDINATOR

\_\_\_\_\_  
DATE