

**MITCHELL GOLF AND COUNTRY CLUB**

81 Frances St. W. Box 38 Mitchell, Ontario N0K 1N0  
 Phone (519) 348-8991 Fax (519) 348-9906  
 golf@mitchellgolfclub.com

**2010 GOLF SEASON FEE SCHEDULE**

<b>MALE</b> _____	\$ 770.00+gst=	\$ 808.50
<b>FEMALE</b> _____	\$ 770.00+gst=	\$ 808.50
<b>COUPLES</b> _____	\$1295.00+gst=	\$1359.75
<b>FAMILY</b> ...Includes Spouse (Junior 16 & under – add \$110 each +gst)_____	\$1295.00+gst=	\$1359.75
<b>STUDENT</b> ... (17- 22 yrs.) Please attach proof of full-time enrolment_____	\$ 315.00+gst=	\$ 330.75
<b>JUNIOR</b> ... (16 yrs. & under)_____	\$ 250.00+gst=	\$ 262.50
<b>SOCIAL</b> ...Non-golfer_____	\$ 75.00+gst=	\$ 78.75

( HST will apply on a portion of any fees paid after May 1, 2010)

\*MEMBERSHIP IS LIMITED TO THE FIRST 650 PAID GOLFING MEMBERS FOR THE 2010 SEASON

**NOTE:** All players must pay green fees or sign application and pay seasonal fee **in full** prior to any play! – NO EXCEPTIONS !

**LOCKERS**\_\_\_\_\_ \$ 65.00+gst= \$68.25

**NOTE:** Lockers must be paid prior to May 15, 2010 . . . or prior to moving equipment in . . . whichever is first. Lockers not paid for by May 15, 2010 will be reassigned.

**DRIVING RANGE**... Yearly Membership (PER PERSON)

_____	Golf Members	\$170.00+gst= \$178.50
_____	Non- Golf Members	\$220.00+gst= \$231.00

Max. 2 buckets per day – individual use only

**YEARLY GOLF CART LEASE** -\$595.00 per year + taxes (\$672.35) **excluding** tournaments (Max. 18 holes per cart per day)

\* A Yearly Golf Cart Lease Agreement must be signed upon payment. Payment in **FULL** required at start of lease.

I, \_\_\_\_\_ hereby make application for membership in the  
NAME PRINT SIGNATURE  
 Mitchell Golf and Country Club for the 2010 Season, in the following classification:

Check ( )    \_\_\_\_\_ Male            \_\_\_\_\_ Female            \_\_\_\_\_ Family  
                   \_\_\_\_\_ Couples            \_\_\_\_\_ Junior            \_\_\_\_\_ Student            \_\_\_\_\_ Social

List names of Players (with birth dates for Juniors & Students) covered by this application.

NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ POST. CODE \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**CREDIT CARD PAYMENT:**    VISA    MAST    AMEX

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ TOTAL AMT. \_\_\_\_\_

DATE TO PROCESS PAYMENT \_\_\_\_\_

SIGNATURE (FOR CREDIT CARD) \_\_\_\_\_ DATE \_\_\_\_\_

*(Please ensure your application is signed)*

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For office use only . . .

DATE PAID \_\_\_\_\_ AMT. PAID \_\_\_\_\_ VISA MAST AMEX DEBIT CHQ CASH GIFT CERT.