



MITCHELL GOLF AND COUNTRY CLUB - 2021 GOLF SEASON FEE SCHEDULE

GOLF SEASON IS FROM APRIL 1 TO OCTOBER 31. (Weather Permitting)

Type	Paid by Dec. 31/20	Paid by Feb. 28/21	Paid after Feb. 28/21
Adult	\$1,020.00+13% hst	\$1,090.00+13% hst	*\$1,175.00+13% hst
Couples	\$1,810.00+13% hst	\$1,900.00+13% hst	*\$2,050.00+13% hst
Intermediate (Age 23-30)	\$700.00+13% hst	\$755.00+13% hst	* \$825.00+13% hst
Student (age 17-22)	\$450.00+13% hst	\$475.00+13% hst	\$500.00+13% hst
Junior (16 & under)	\$310.00+13% hst	\$320.00+13% hst	\$335.00+13% hst
Junior: Child of paid adult member (16 & under)	\$225.00+13% hst	\$235.00+13% hst	\$245.00+13% hst

Age for Junior/Student/Intermediate is determined based on a birth date of January 1, 2021

***Payment plan available on request for the fees marked above. (6 equal payments – April 1 to September 1); See Manager.**

YEARLY GOLF CART LEASE \$385.00+ hst (per seat / per season) *excluding tournaments (Max. 18 holes per day).

Single seat is for person leasing cart; other riders must have similar lease or pay regular cart fee in Pro Shop prior to play.

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

LOCKERS Large: \$ 50.00+13% hst | Small: \$ 40.00+13% hst

NOTE: Lockers must be paid prior to May 15, 2021 or prior to moving equipment in; whichever is first. Lockers not paid for by May 15, 2021 will be reassigned. Access to lockers subject to Covid restrictions.

PLEASE FILL IN THIS SECTION COMPLETELY AND ENSURE YOUR APPLICATION IS SIGNED

I, _____ hereby make application for membership in the Mitchell Golf and Country Club for the 2021 Season, for the classification selected above:

PRINT NAME

SIGNATURE

List names of Golfers and Birth Dates covered by this application.

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

MAILING ADDRESS _____ CITY _____ POSTAL CODE _____

PHONE _____ E-MAIL _____

CREDIT CARD PAYMENT: VISA MAST AMEX

CARD NUMBER _____ EXPIRY DATE _____ V CODE _____

NAME ON CARD _____ TOTAL AMOUNT _____

DATE TO PROCESS PAYMENT _____

SIGNATURE (FOR CREDIT CARD) _____ DATE _____

For office use only:

DATE PAID _____ AMOUNT PAID _____ VISA MAST AMEX DEBIT CHQ CASH GIFT CERT.

GF TICKETS: No. Given: _____ Date: _____

CART TICKETS: No. Given: _____ Date: _____ STAFF SIGNATURE _____