

Sterling Golf Management, Inc.

Chelmsford Country Club

66 Park Road, Chelmsford, MA 01824

Tel: (978) 256-1818

E-Mail: gary_b@comcast.net

2017 League Agreement

For office use only - Profile ID: _____

◆ League Information

Night: _____

Tee time block: _____

League Name: _____

Start Date: _____ End Date: _____ Number of Weeks: _____

Chairman: _____ Alternate Contact & Phone#: _____

Address: _____ Phone (M): _____

_____ Phone (H): _____

City: _____ State: _____ Zip: _____

Fax #: _____ Email address: _____

➤ **Cost** \$ 20 per player per week - (\$17 Seniors 62+)

Number of Players: _____ Season Pass Holders: _____ Seniors (62+ years): _____ Adult Players: _____

(# of Other Players x \$20 x ___ weeks) + (# of Seniors x \$17 x ___ weeks) = Total Due \$_____

➤ **Additional Requirements/Notes:** _____

▼ Conditions of Contract:

A. Damage to the premises will be charged accordingly. The club will not assume responsibility for injuries or personal property brought on the premises.

B. The number of players stated here is the **guaranteed number** for which you will be financially responsible, regardless of the attendance each week.

C. If league play is cancelled any night due to inclement weather, rain checks will be issued for each player.

D. 2017 leagues may start the week of **April 3rd** and run for up to 22 weeks ending the week of **September 1st**. Arrangements can be made for any league days falling on a holiday.

E. The total due may be paid in two installments. The first payment (1/2 of total amount) is due on or before the first night of play. The second payment for the same amount will be due at the halfway point of your leagues season.

F. Due to Massachusetts law, alcoholic beverages not purchased on site are at no time allowed on the course. We are happy to offer a full service bar in our lounge.

I hereby accept and agree to abide by the terms, conditions, and payment policies explained in this contract.

Signature _____ Date _____ Accepted by _____ Date _____

(Chairman)

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Page 1 of _____

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League Name: _____

Start Date: _____ End Date: _____ Number of Weeks: _____

Chairman: _____ Cell Phone#: _____

Name

Email

Phone

(Pass Holder Y or N)

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