



The Trails of Frisco Golf Club PDP - Range Program

- Unlimited use of the practice facilities 7 days a week
- Discounted Golf Rate at the times listed below

| Day | Time | Rate |
|---------------------------|-----------------|------------------|
| Monday - Thursday | 7:00am – 4:59pm | \$25.00 plus tax |
| Friday, Saturday & Sunday | 3:00pm – 4:59pm | \$25.00 plus tax |
| Everyday | 5:00pm – Close | \$10.00 plus tax |

* excludes holidays, cart fee included with round *

The Player Development Program is available for the Player and the Player’s immediate family members. Upon execution of the Agreement the payment of the Fee indicated below, the Player and the specifically named family member shall receive all Program benefits and privileges. It is understood that this is intended to be a month-to-month program, after the **3-month minimum commitment**, and either party can terminate the Agreement with 30 days written notice. The written notice form is available in the Pro Shop.

PLANS OFFERED – please select one and provide full name(s):

_____ Single Member: \$65.00 (includes tax) per month Name: _____

_____ Double Member: \$95.00 (includes tax) per month Spouse/Partner/Child: _____

PAYMENT OPTIONS (Circle One):

_____ Full Annual Payment in Advance (Receive 1 month free): I wish to pay for my Plan for 1 year in full upon execution of this agreement. I understand that there will be no refunds if I terminate my Agreement prior to term.

_____ Monthly Installment Plan: I wish to pay for my Plan in monthly installments. The charge will be automatically made on the 2nd day of the month for that month. The Trails of Frisco Golf Club is hereby authorized to make the charge to my credit card monthly until I provide 30 days written notice.

Name: _____

Card Number: _____ Exp. Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____

Email Address: _____

By signing below, the member agrees to all of the guidelines above as well as charges made through the card on file when prompted:

Member Signature: _____ Date: _____

Prorated Amount Paid: _____ Trails of Frisco Golf Club Staff: _____