

# Cazenovia Country Club Tournament Contract

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Tournament Date: \_\_\_\_\_

Estimated Number of Players: \_\_\_\_\_ Estimated Number of Carts: \_\_\_\_\_

Tournament Start Time: \_\_\_\_\_ Shotgun Start or Tee Times: \_\_\_\_\_

Format of Play: \_\_\_\_\_

Dinner Option: \_\_\_\_\_ # of Dinners: \_\_\_\_\_

Lunch Option: \_\_\_\_\_ # of Lunches: \_\_\_\_\_ Breakfast Option: \_\_\_\_\_ # of Breakfasts: \_\_\_\_\_

Additional Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Deposit: A deposit of \_\_\_\_\_ is required upon completion of this agreement. This deposit is non-refundable but will be applied to the total charge of your event. This deposit will hold your date.

All food & beverage is subject to a 17% service charge and 8% sales tax.

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Please indicate payment type: ( ) Personal Check ( ) Organization Check ( ) Corporate Check

( ) Credit Card – Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

The undersigned accepts the terms of this agreement:

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_