

CAMPBELL'S SCOTTISH HIGHLANDS GOLF COURSE
2010 APPLICATION PREFERRED PLAYERS CLUB

NAME _____ DATE / / .

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL ADDRESS _____

◆ **PREFERRED PLAYERS CLUB**

Preferred Players Club privileges include:

- ⇒ Reserved Tee Times may be made a **maximum of 6 days** ahead.
Note: The General Public can book 5 days ahead & CSHGC Members can book 7 days ahead.
- ⇒ **Reduced Rate Green Fees** Weekdays, Weekends & Holidays.
\$7.00 Off Each Regular Priced 18 Hole Round
\$3.00 Off Each Regular Priced 9 Hole Round
- ⇒ **Reduced Rate Cart Fees**
\$3.00 Off Each Regular Priced 18 Hole Cart
\$2.00 Off Each Regular Priced 9 Hole Cart
- ⇒ **Half Price on Driving Range Buckets.**
- ⇒ **GHIN** (USGA Handicap Card) Fee included
- ⇒ **Invitation to Play in All Club Tournaments** (Preferred Player Club Green Fees will apply.)

PREFERRED PLAYERS CLUB \$335

◆ **PAYMENT TERMS** Payment in full must be made at time of application.

◆ **IMPORTANT INFORMATION**

- ⇒ Preferred Player privileges are **not transferable** and unauthorized use **may result in the cancellation of your Preferred Player Club Membership with no refund.**
- ⇒ Preferred Players may make tee times for up to 8 players per day but **will be responsible** for:
 - **ensuring the number of golfers the tee time was booked for is the same number that appear & play**
 - **calling at least 24 hours in advance to modify (reduce the # of golfers) or cancel a tee time.**If the tee times booked by a PPC Member result in a number of "no shows", the PPC Membership **may be cancelled and no refund** given.
- ⇒ All Preferred Players, Members, golfers and other persons at the clubhouse, on the golf course or on company property, **assume all risk of injury to themselves and damage or loss to property, and are liable for their acts to all other persons.**
- ⇒ Bring or mail your payment and **signed** application to: THE PROSHOP at
CAMPBELL'S SCOTTISH HIGHLANDS GOLF COURSE
79 BRADY AVE, SALEM, NH 03079
Proshop Telephone: 603-894-4653 Extension 13

SIGNATURE OF PREFERRED PLAYER APPLICANT _____

cshgc/proshop/f&l/PPC Folder/PREFAPP2010

OFFICE USE ONLY

PAYMENT DATE: / / . AMOUNT \$. RECEIVED BY: _____

CASH _____ CHECK # _____

NOTE: PLEASE CHECK IF APPLICANT HAS PREVIOUSLY PAID GHIN FEE

PLEASE NOTE DATE GHIN FEE HAS BEEN PAID / / . (REFER TO GHIN APPLICATION)

PREFERRED PLAYER CLUB RATE WILL BE REDUCED BY GHIN FEE AMOUNT IF APPLICANT HAS PREVIOUSLY PAID GHIN FEE FOR CURRENT YEAR.

PREFERRED PLAYERS CLUB

CAMPBELL'S SCOTTISH HIGHLANDS GOLF COURSE U.S.G.A. HANDICAP SYSTEM

BENEFITS

1. Individual handicap information will be updated bi-weekly. At any time throughout the season you may use the GHIN Computer to print your own handicap label showing your handicap and U.S.G.A. index for each revision period.
2. U.S.G.A. calculated handicaps which can be used on any U.S.G.A. rated Golf Course (based on latest 20 scores).

Please **print** the following information **clearly and accurately**. You will be assigned a “**local access number**” after the proshop staff enters your name into the GHIN computer. After you receive your “**local access number**”, make sure you **input all of the information below into the GHIN Computer** located in the clubhouse lobby. The information that you input into the system will be used to maintain our data base and will allow us to contact you with other golf related information. **Please make sure that you update any address or e-mail changes that may occur throughout the season.**

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____

E-Mail Address _____

Please check **only one** of the following to ensure membership in the proper organization:

NHGA- (Male) New Hampshire Golf Association

NHWGA- (Female) New Hampshire Women's Golf Association

Juniors (under the age of 18) please include your birth date ____ / ____ / ____

Please check **only one** of the following:

I currently have a U.S.G.A. Handicap Index from Campbell's Scottish Highlands Golf Course.

I currently have a U.S.G.A. Handicap Index that I would like to transfer from another course.

Course Name _____ Course # _____

GHIN # _____ U.S.G.A. Handicap Index _____

I do not currently have a U.S.G.A. Handicap Index.

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Processed by (Initials): _____