



Lockhaven Golf Club

10872 Lawrence Drive Godfrey, IL 62035

Tournament Contract

POC: SCOTT SCHAEFER, PGA

E-MAIL: sschaeferpga@gmail.com

PHONE: (618) 466-2441

OUTING NAME _____ **APPROX PART** _____

OUTING DATE _____ **OUTING START** _____ **REG.START** _____

MEAL START (breakfast) _____ **(lunch)** _____ **(dinner)** _____

POC _____ **PHONE** _____ **EMAIL** _____

POC _____ **PHONE** _____ **EMAIL** _____

POC _____ **PHONE** _____ **EMAIL** _____

FAX _____ **ALT PHONE** _____

This Contract, made and entered on _____ by and between _____ and Lockhaven Golf Club are for the purpose of reserving tee times on the Golf Course.

The undersigned understands and agrees to the policies stated on this form and the attached tournament pricing and policy declarations.

The undersigned understands and agrees to the policies stated in the tournament packet. This packet in its entirety has been provided and/or is available on the facility website.

AUTHORIZED SIGNATURE: _____ **Date:** _____

LOCKHAVEN REPRESENTATIVE: _____ **Date:** _____

(618) 466-2441

Visit us online at www.golfatlockhaven.com