

Organization name _____
(if applicable)

Tournament organizer _____ Phone _____

Address _____ Email _____

City _____ Province _____ Postal code _____ Fax _____

Tournament date _____ Start time _____

Number of holes 9 holes 18 holes Tournament type tee times shot gun*
*Minimum Charge 120 players

Total number of golfers _____ Total number of meals _____ Meal time(s) _____

Tournament Package Selections

	18 hole Prime-time		18 hole Mid-week		9 hole Mid-week		Totals
	PowerCart	Walking	PowerCart	Walking	PowerCart	Walking	
Enter total number of golfers in one category ▶							
Tournament Package Selections Total							

Menu Selections

Dinner buffets

	A	B	C	D	E	F	
Select one only ▶							

Lunch buffets/selections

	G	H	I	J	
Enter total number of meals in one category ▶					

Breakfast selections

	K	L	M	N	
Select one only ▶					

Additional items

1	2	3	4	5	6	7	8	9	10	11	12	

Menu Selections Total	
Gratuity on menu selections 15%	
Sub Total	
GST 5%	
Total	

A tournament contract will be forwarded to you on receipt of this request. **The contract must be signed and returned within three business days with a non-refundable \$1,000 or 10% deposit** (whichever is less) **to confirm the tournament.** The deposit will be deducted from the final bill and will be forfeited to Broadmoor Public Golf Course if the tournament is cancelled by the tournament organizers. Cold weather, rain or wind is not an acceptable reason to cancel.

Signature _____

Date _____

Personal information is collected in accordance with section 3 of the *Municipal Government Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is protected by FOIP. It will be used to process your booking. The information may also be used to notify you of information pertaining to activity on the golf course and for the promotion of golf opportunities. If you have any questions about the collection and use of the information, contact the Manager, Central Services, Recreation, Parks and Culture, 780-467-2211.

Office use only

Customer number _____ Date processed _____ Pro-shop staff initials _____