



PLAYER IMPROVEMENT PROGRAM

Player Improvement Program: Siena Golf Club Player Improvement Program offers Players the following benefits. In consideration for the prepaid fee, the Player shall have the following privileges:

- (i) Unlimited range practice, including range balls, seven days a week providing there is good weather at the Club and the range is open;
- (ii) A 10% merchandise discount at the Club (not valid in conjunction with other sales and offers.
- (iii) Discounted fee on playing privileges – times will be posted each month. Times start (3) hours before sunset.
- (iv) Complimentary clinic during scheduled times by PGA Golf Professionals
- (v) Recipient of e-mail blast containing additional discounts on green fees and merchandise

Plan Fee. Prepaid Player fees \$49.95 (Forty nine dollars and ninety five cents) per month, plus applicable sales tax. Rate is subject to change without notice.

Installation Payment Plan. I wish to pay my Plan Fee in monthly installments to be due the fifth day of each calendar month of the Term. Club is hereby authorized to make a charge to my (circle one). **PROGRAM TERM VALID FOR A MINIMUM OF 6 MONTHS.**

VISA MasterCard(X) American Express Card

Name on Credit Card:

App. Date:

Account number:

Expiration date;

I understand that my monthly billing can stop at any time by providing the Club with written notification that I am terminating the agreement. Upon cancellation of this agreement I furthermore agree to turn over my membership card.

I agree to report to Club all changes to the above credit card information within ten (10) days of the change. I agree that Club is not responsible for any charges or expenses (e.g for overdrawn accounts, exceeding credit card limits, etc.) resulting from charges billed by Club.

I agree to pay the charges by the due date and understand that I will forfeit my privileges and be unable to sign up for the installment payment plan in the future should an installment payment not be made for any reason.

Signature _____

Phone Number:

Name:

Billing Address:

City:

ZIP:

Email Address:

Date of Birth: _____

FOR OFFICE USE ONLY

Card Number: