

**Dennis Pines/Dennis Highlands**  
**ADVANCE TEE TIME RESERVATION**  
**(508) 385-8347 ~ Ext. 10**

|   |
|---|
| <b>Date Reservation Made:</b> _____<br><br><b>Employee:</b> _____ |
|---|

Please mail checks to: Dennis Golf Department  
 825 Old Bass River Rd.  
 Dennis, MA 02638

**Please arrive at least 30 minutes before your tee time to allow for checking in at the Pro Shop.**

DATE(S) : \_\_\_\_\_  
 Number of Players : \_\_\_\_\_  
 Rate Quoted: \_\_\_\_\_

PINES OR HIGHLANDS (Circle One)  
 Name of Group : \_\_\_\_\_

Format: 1. Starting Time(s) : \_\_\_\_\_

Amount of Deposit Due: \$ \_\_\_\_\_ Due by: \_\_\_\_\_  
 Balance Due: \$ \_\_\_\_\_ Due By: \_\_\_\_\_  
 Total Amount Due: \_\_\_\_\_

*Please Make Check Payable to: TOWN OF DENNIS*

**Rules for Advance Tee Time Reservations:**

1. Times may be reserved beginning January 1<sup>st</sup> for the calendar year.
2. **PAYMENT POLICY IS AS FOLLOWS:** 30 Days may be granted for initial payment provided payment is received at least 30 days prior to day of play. Initial payment must be: 100% for up to 16 players, 50% at time of reservation for more than 16 with the balance due 10 days prior to day of play. If not paid, your reserved time will be lost. Changes may be made up to the time of final payment if there is space available. Our Cancellation Policy is 10 days prior to day of play. If any reserved times are cancelled after the 10 day deadline, a refund will only be given if we fill that tee time spot(s) prior to 7 p.m. the day before play. If the tee time spot(s) are filled by a member after 7 p.m. the day before play, no refund will be given.
3. **REFUNDS ARE POSSIBLE ONLY IF THE COURSES ARE OFFICIALLY CLOSED AS DETERMINED BY THE DIRECTOR OF GOLF or IF CANCELLED PRIOR TO 10 DAYS OF DAY OF PLAY.**
4. Your reservation will be confirmed upon receipt of your payment.
5. We do not guarantee availability or accept advance reservations for golf carts.
6. The restaurant at each course can provide you with food and/or beverages. **We do not permit bringing in food or beverages for group consumption.\***

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

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

Email: \_\_\_\_\_

**\*\*For Office Use Only\*\***

|                                      |                  |                  |                 |
|--------------------------------------|------------------|------------------|-----------------|
| In Computer <input type="checkbox"/> | Conf. # _____    | Deposit \$ _____ | Date Paid _____ |
| Tickets _____                        | Balance \$ _____ | Date Paid _____  |                 |
| Additional Comments: _____           |                  |                  |                 |
| _____                                |                  |                  |                 |
| _____                                |                  |                  |                 |
| _____                                |                  |                  |                 |

**\*Pines Restaurant: (508)694-7185, Highlands Restaurant: (508) 385-2084**