## 2025 Grandfather/Cottage Membership Application

\* In order to be eligible for Grandfather Membership, you must have been a member for 10 consecutive years or longer while a Dennis Resident who no longer resides in the Town of Dennis.

Anyone who does not meet that requirement is ineligible and must renew as a Non-Resident Member \*\* Cottage Colony Memberships are for those recognized cottage colonies within the Town of Dennis\*\*

| Applicant        | Member ≉  | 4: Ema | úl:    |  |
|------------------|-----------|--------|--------|--|
| Mailing Address: |           |        |        |  |
| City:            | State:    | Zip:   | Phone: |  |
| FEE: \$1179.00   |           |        |        |  |
|                  | CASH OR ( |        |        |  |

## Checks Made Payable to "Town of Dennis" Mail to: Dennis Golf. 825 Old Bass River Rd., Dennis, MA 02638

## MEMBERSHIPS ARE NON-TRANSFERABLE

By signing below, you acknowledge the Rules and Regulations as set forth by the Board of Selectmen and Director of Golf, including the Rules Infractions, Alcohol Use Policy\*\*\* and Refund and Age Policies\*\*\*\*. This membership entitles you to the privileges of the Dennis Pines and Dennis Highlands Golf courses as set by the Board of Selectmen and the Director of Golf. This membership may be cancelled or suspended at any time at the discretion of the Director of Golf if your actions are unbecoming of a member of the golf course.

\*\*\*Alcohol is not permitted on any course unless purchased from the Restaurant on said premises. Violation will result in removal from course.

\*\*\*\* Refund, Age and Alcohol Policies may be found online at <u>www.dennisgolf.com</u> or you may find a copy at the Pro Shop.

|               | POLICY FOR MEMBERSHIP REFUNDS  |   |
|---------------|--|---|
| I. Any member | may receive a full refund of membership for any reason before March 1st of current membership year.      |   |
| 2. Any member | may receive a full refund under the following conditions after March 1st prior to June 30th:             |   |
| a.            | Documentation of a serious medical condition must be presented to the Director of Golf within 60 day     | <mark>/s after membership has been paid.</mark> |
| b.            | No more than 3 rounds of golf have been played since the membership payment was made. If 1, 2 or 3 1     |   |
|               | the cost of the green fee associated with the round(s) of golf will be deducted from the money refunde   | ed.   |
| c.            | The 60 day period of eligibility for a refund does not go past June 30th of the current membership year. |   |
|               |  |   |
| Simulture     | of Applicant:  | Date:   |
| Signature     | or Applicant.  | Date  |

## GOLF CART RENTAL MARCH 1, 2025 THRU FEBRUARY 28, 2026

The golf cart is hereby leased to the indicated lessee for the date range indicated on said agreement. The lessee acknowledges that he/she has a valid driver's license and is familiar with the use of operation of the said cart, and he/she will use an operate the cart in a safe, prudent manner for the playing of golf. The lessee agrees to return the cart in the same condition as he/she received it and shall be responsible for any damage or breakage. The lessee also agrees that no right of action shall accrue to the lessee for any loss or damage to person or property arising from the use of the cart or resulting from any mechanical failure or component of the said cart. The lessee further agrees to hold Dennis Golf free and harmless against all claims arising from the operation of the said cart. The lessee shall assume the entire responsibility of loss or damage to cart, person or property caused by a guest passenger.

Signature of Applicant:

Date:

|  | FOR OFF          | ICE USE ONLY          |               |  |  |  |
|--|------------------|-----------------------|---------------|--|--|--|
| AMOUNT COLI  | ECTED: PAYMENT T | YPE: □ CASH □ CHECK # | □ GIFT CARD # |  |  |  |
| NEW MEMBER:  TEE TIME INSTRUCTIONS GIVEN (NEW MEMBER ONLY): Y OR N |                  |                       |               |  |  |  |
| APPLICATION PR   | OCESSED BY: DATE | :RECEIPT#:            |               |  |  |  |