

Cedar Creek Golf Course

5700 Jason Ave NE
Albertville, MN 55301
763-497-8245
www.cedarcreekmn.com

Golf Tournament Contract

Group Name: _____

Date of Event: _____ Tournament Coordinator: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

Tentative # of Players: _____ Carts: Yes No Range: Yes No

Starting Time: _____ Shotgun: _____

Meal Option: _____

Notes: _____

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- A deposit of \$200.00 (non-refundable) is due with this contract to secure the tournament date is required. This deposit will be applied to the final balance.
 - A final count on the # of players must be received **7 days** prior to the event.
 - All golf course rules must be observed. **No carry on food and beverage is allowed.**
 - Pace of play will be regulated.
 - Final balance is due upon completion of the event and to be paid by the Tournament Coordinator.
 - Cedar Creek is waived from any and all claims of injury or damage to personal property. The person or organization is responsible for any damage to our property.

Signature of Coordinator: _____ Date: _____