Patriots Point Links on Charleston Harbor

## Annual Passholder Program

$2,000 + 5% admissions tax if you choose to pay for the one year from the time of registration and only $250 per person for any additional family member. After the one year, the membership will automatically transition into a month to month membership.

**Entitlements:** Enjoy unlimited playing privileges, eligibility to play in a variety of Member Tournaments and receive $400 range credit for a single membership and $500 range credit for a family membership.

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| **Applicable Fees:** | 18 hole cart fee: | $21.00 includes tax |
| | 9 hole cart fee: | $11.00 includes tax |
| | 18 Walking Fee: | $15.00 includes tax |
| | 9 Walking Fee: | $7.50 includes tax |

## Rules and Regulations:

**Annual Pass Play/Cart Fees:** $20 +tax for 18 holes, $10+tax for 9 holes

**Tee Times**: Tee Times for Members can be made up to 14 days in advance. Our public policy is 7 days in advance.

**Golf Carts:** Golf Carts may be required prior to 12:00pm on Thursdays-Sundays for Pace of Play.

**Range Balls:** Members will receive $400 of complimentary range balls. All additional keys will be half off.

**Dress Code**: Golf Attire is required at all times. Collared shirts must be worn and denim is prohibited.

**Conduct.:** If a member is found to be disruptive to property or staff, the member will be subject to either suspension or termination of membership with no refund.

**I have read and understand the rules and regulations associated with the membership program at Patriots Point Links and agree that failure to abide by any of or all of these may result in the revocation of my membership. I release and agree to indemnify and hold harmless Patriots Point Links, Bobby Jones Links Management, and its employees, owners, and contractors from any bodily injury sustained by me or a third party while at Patriots. I authorize Patriots Point Links to charge the credit card number above for missed or incomplete reservations.**

**Signature:** _____ **Date:**_____

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# Annual Pass
# Membership Application

NAME: _____ DOB: _____

SPOUSE/CHILDREN (IF APPLICAPLE) _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____STATE: _____ ZIP CODE; _____

HOME NUMBER:_____ CELL NUMBER: _____

CREDIT CARD NO: _____ - _____- _____- _____

EXPIRATION DATE: _____ / _____ CVV CODE: _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE NUMBER: _____

**WOULD LIKE TO SIGN UP FOR THE GHIN HANDICAP SYSTEM ($25.00) YES NO**

**QUESTIONAIRRE: A LITTLE ABOUT YOURSELF**

1. **FAVORITE GOLF BALL:** _____
2. **FAVORITE GLOVE:** _____
3. **FAVORITE DRINK:** _____
4. **FAVORITE GOLF CLUB:** _____
5. **FAVORITE SPORTS TEAM:** _____
6. **FAVORITE GOLF TOURNAMENT:** _____