



STUDENT MEMBERSHIP APPLICATION

SPRINGFIELD COUNTRY CLUB

Student Membership:

This membership includes golf, practice facilities and house charging privileges to an individual aged 13 to 18, restricted tee times shall apply. House charging privileges are extended to the parents of the student member.

Student golfers, age 13 to 18, may qualify for playing privileges through meeting and playing with the head professional or his designee. During this meeting, the junior member must display the following competencies:

1. Knowledge of proper golf etiquette.
2. Knowledge of basic rules of play.
3. Knowledge of proper golf course care.
4. Knowledge of “pace of play” and the ability to move along.

Any student member who exhibits immaturity relative to the above guidelines may have his playing privileges suspended or revoked.

An exceptional student member under the age of 13 could also be granted playing privileges by the Golf Committee after the recommendation of the head professional.

Student members’ golf privileges can only be used during restricted times.
Student members must check in with the Golf Shop prior to playing.
Student members must obey all dress codes.

The Golf Pro will be in contact to schedule a day and time to meet.

Student Membership Annual Dues: \$900.00

FACILITIES

Main Dining Room
Casual Dining – Tavern
Casual Dining – Table Nineteen
Ethan Brooks Meeting Room
Cocktail lounge
Full Service Pro Shop
Practice Range
Pool & Cabana

FACILITY FEES

Green Fees

9-holes \$ 30.00 per person
18-holes \$ 60.00 per person

Cart Rentals

9-holes \$ 11.50 per person
18-holes \$ 23.00 per person

Springfield Country Club

Nomination Form / Student membership (13-18)

Name of Nominee: _____

Nominee D.O.B: _____ Cell #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

LEGAL PARENT / GUARDIAN INFORMATION

Legal Parent/Guardian Name: _____

Relationship to Nominee: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Cell #: _____

Length of time at this residence: _____

E-mail Address: _____

Name of Business: _____

Business Address: _____

City _____ State _____ Zip _____

Business Telephone: () _____

Occupation: _____

Length of Service with this Business: _____

Billing Address: _____

City _____ State _____ Zip _____

Place of Birth: _____

Date of Birth: _____

Education: _____

Club Memberships: _____

CREDIT REFERENCES

Banks: (1) Name: _____

Address: _____

(2) Name: _____

Address: _____

Personal: (1) Name: _____

Address: _____

(2) Name: _____

Address: _____

Credit Card Information: (A credit card **must** be listed on file in order to have charging privileges)

Type: _____

Credit Card #: _____

Credit Card Expiration: ___ / ___ / ___ Security Code: _____

Name on Credit Card: _____

Telephone # Associated with Credit Card: () _____ - _____

Billing Address on Credit Card: _____

City: _____ State: _____ Zip: _____

(Please notify the Business Office if this information changes)

By signing this application, I am applying for a Student membership for my son/daughter to Springfield Country Club (the "Club"), a non-equity, and private membership club. I authorize the Club to evaluate my qualifications for the membership. I further understand and agree that my membership is subject to the approval.

I understand that the Club may attain a copy of my credit report. I authorize the Club to do so and to obtain any and all information it may require concerning the statements on this application. I further authorize my credit references to release or verify such information to the Club.

By signing below, I agree, if membership is accepted, to the following:

1. I acknowledge receipt of and agree to familiarize myself with and abide by the terms and conditions for membership of the Club as now in effect or as amended in the future.
2. I understand that I (parent/legal guardian) am personally responsible for dues and all other charges and that all amounts due will be paid within thirty (30) days or within other limits fixed by the Club.
3. I understand that this membership will go forward each year, unless otherwise noted in writing.
4. I understand that my resignation shall not relieve me of any obligations or indebtedness to the Club and that I remain responsible for all charges, including but not limited to unpaid membership fees.
5. I authorize the Springfield CC, LLC DBA to automatically process the credit card on file for overdue balances on my account over (30) days. If my credit card on file cannot be processed, my account will be suspended until indebtedness is paid in full.
6. I understand that the dues are annual and will bill in full at the beginning of the annual dues schedule.
7. I hereby acknowledge that all of the statements set forth in this application are true and correct, and that I have withheld no information of a material nature, which would negatively affect this membership application.

Date: _____

Signature of legal parent / guardian: _____

Signature of Nominee: _____

(Payment of annual dues, are required upon acceptance to the Club)

**PLEASE DO NOT WRITE IN THE SPACE BELOW
~ FOR OFFICE USE ONLY ~**

Date Nomination Form Received: _____ Initials: _____

Date reviewed: _____

Notification Date: _____

Assigned Account Number: _____

Additional Notes: _____
