

St. Johns Golf Club

2027 Individual Annual Pass

Name _____

Phone _____ Email Address _____

Mailing Address _____

City/State _____ Zip Code _____

Please choose one of the following two payment plans.

☐ Payment in full: (\$1,420.00).

☐ 60/40: I understand that sixty percent (60% = \$852.00) of the pre-paid green fees is due with the application and the balance (40% = \$568.00) is due March 1st.

Associated fees

18 Hole cart fee - \$24.00

9 Hole cart fee - \$15.50

Walking fee - \$8.00

All pre-paid green fees pass is issued for a fiscal year from October 1st through September 30th.

INCLUDE APPROPRIATE PAYMENT WITH COMPLETED APPLICATION. Make checks payable to: St. Johns Golf Club

----- **FOR OFFICIAL Use Only Below** -----

Payment: _____ Ticket #: _____ Date: _____

Payment: _____ Ticket #: _____ Date: _____

4900 Cypress Links Blvd., Elkton, FL 32033 | (904)209-0350

Terms and Conditions

St. Johns golf Club provides pleasant and enjoyable recreational facilities to the public. Accordingly, the following rules and regulations are made a part of and incorporated into this application:

I. Upon approval of application and payment of the pre-paid green fees, the applicant is entitled to full use of the facility named on the front of the application.

II. St. Johns Golf Club retains the right to restrict the number of applicants to be accepted and change that number at any time. St. Johns Golf Club may change the amount of pre-paid fees at any time.

III. St. Johns Golf Club may discontinue or revoke any right accruing to the applicant at any time for violation of any rules and regulations after notifying the affected party of the cause and giving said party the opportunity to explain or defend himself or herself. A pro-rated refund of the unused pre-paid fees may be rendered if the party's privileges are revoked or terminated.

IV. Any party to this application using the facilities owned or operated by St. Johns Golf Club shall be liable for the full cost of property damage and/or personal injury caused by his or her negligence or the negligence of his or her guests or any family member. Said party shall pay the cost thereof within ten (10) days from receipt of a verified bill for damages appraised by an expert.

V. Any party to this application that in any manner makes use of the facility or service that engages in any competition, event, contest, function or other activity arranged, allowed or sponsored by the Golf Club, either on or off the Golf Course property does so at his or her own risk and hereby releases and forever discharges the Golf Club and St. Johns County, its agents and employees from any liability arising from injury, illness or loss of property and holds the aforementioned harmless from any loss, demand, claim, damage or liability sustained or incurred as a result of said illness, injury or loss of property not caused by the negligence or breach of contract of St. Johns Golf Club, its agents and employees.

VI. St. Johns Golf Club will offer an Annual Pass hold due to illness or injury. This must be verified by a medical professional. The amount will be determined by the dates of the hold. Proration will only be monthly after said illness or injury is verified by a medical professional.

I agree to the above Terms and Conditions.

Signature _____ Date _____

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