



2024 River's Edge Tournament Agreement

(Please fax, mail, email or bring to the office upon completion)

Contact Information

Tournament Name: _____

Company Name: _____

Address: _____

Postal Code: _____

Organizer Name: _____ Phone #: _____

Cell #: _____

Email: _____

Tournament Information

Date of Event: _____ Time: _____ Format: _____

of Players: _____ Other Notes: _____

Type of Golf Package (18 Holes): _____

Type of Golf Package (9 Holes): _____

Type Of Dinner Option #1 Burger (Beef, Chicken or Veggie) Meal #2 Prime Rib (add \$12)

Type of Lunch: #1 Boxed Lunch (assorted sub, bottled water & cookie) (\$12)

\$ 500 Deposit Enclosed (Non Refundable)

Cash Cheque Visa Mastercard Etransfer

Name on Card: _____ Credit Card #: _____

Expiry: _____ 3 or 4 digit security: _____ Signature: _____

Please Read:

I understand the commitment made to the River's Edge Golf Club and will uphold the interest of the event to the best of my ability. I understand liquor is not to be brought to River's Edge Golf Club in accordance with the Alberta Liquor Act. I understand the tournament is responsible for the participant's behavior and inappropriate conduct will be acted upon. In the event a power cart is damaged by a participant the tournament will assume responsibility for the repair within 30 days of the incident.

X _____

Date: _____

Signature of Tournament Organizer