

BLACKHORSE GOLF & COUNTRY RESORT

RETURNING MEMBERS

2024 Membership Fees (As of September 1st, 2023)

All Pricing Subject to HST

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FULL M	1EMBERSHIP TYPE	OPTION #1	OPTION #2	OPTION #3
		Pay by Dec 1/23	Pay by March 31/24	Pay after April 1/24
Adult	Single	\$1365	\$1450	\$1495
(Unlimited Play)	Couple	\$2200	\$2260	\$2365
Intermediate ((Age 19-29)	\$920	\$950	\$!000
(Unlimited Play)	(Age 30-39)	\$1130	\$1160	\$1210
9 Hole	Single	\$950	\$970	\$1025
(Some restrictions)	Couple	\$1600	\$1650	\$1785
Junior	(Age 13-18)	\$425	\$425	\$425
(Unlimited Play) (12 & Under)	FREE*	FREE*	FREE*
		Conditions apply	Conditions apply	Conditions apply
SENIORS PROGRAM				
Age 60+ as of April 1/24				
Age 75+ Save Addit	ional 3% OFF PRICES BELOW			
FULL M	1EMBERSHIP TYPE	OPTION #1 Pay by Dec 1/23	OPTION #2 Pay by March 31/24	OPTION #3 Pay after April 1/24
Adult	Single	\$1260	\$1350	\$1425
(Unlimited Play)	Couple	\$2200	\$2260	\$2365
9 Hole	Single	\$950	\$970	\$1025
(Some restrictions)	Couple	\$1600	\$1650	\$1785

GROUP, CORPORATE & FAMILY MEMBERSHIPS AVAILABLE Contact Proshop at 519-395-0009

		OPTION #1 Pay by Dec 1/23	OPTION #2 Pay by March 31/24	OPTION #3 Pay after April 1/24
Cart Options	1 Person	\$895	\$950	\$1000
New Cart Policy	**** Couple	\$1290	\$1375	\$1400
	9 Hole – 1 Person	\$690	\$710	\$740
	9 Hole – Couple	\$900	\$975	\$1025
Club Storage	Without Cart	\$80	\$80	\$80
	With Cart	\$175	\$175	\$175

NOTE: ALL ABOVE MEMBERSHIPS ARE SUBJECT TO APPLICABLE TAXES. All age categories as of April 1, 2024. Prices subject to change without notice. Special rates not to be used in conjunction with any other offers. *Juniors 12 and under free with a paying adult after 3pm only.

^{****} Cart registered to a couple can be used 36 holes max. per day or 18 holes per registrant without additional charges – 9 hole members half of that. APPLICATION ON REVERSE



BLACKHORSE GOLF & COUNTRY RESORT

1436 Bruce Rd. #1, Kincardine ON, N2Z 2X5 Tel# 519-395-0009, Fax: 519-395-5965 E-mail: info@blackhorsegolf.ca

2024 Membership Application - Returning Members

Type of Membership	Option #	Date
List Names of Players (with birth date	s for Juniors, Intermediates & Seni	ors) covered by this application
Name:		Birthdate:
Address:		
City:	Province:	Postal Code:
Home Tel #:	Bus Tel #:	
E-mail:		
Signature:		Date:
*Power Cart Membership Name Si	ngle:	
2nd Person if Applica	able:	
CASH CH	PAYMENT OPTIONS: HEQUE VISA MASTERCARD DEE	BIT ONLINE
NAME ON CREDIT CARD		
VISA OR MASTERCARD (PLEASE CIRCL	E)	
CREDIT CARD #		CVS# (3 digit)
EXPIRY DATE	AMOUNT	
SIGNATURE		