



BLACKHORSE GOLF & COUNTRY RESORT

2027 Membership Fees (As of August 24th, 2026)

All Pricing Subject to HST

FULL MEMBERSHIP TYPE		OPTION #1 Pay by Dec 1/26	OPTION #2 Pay by March 31/27	OPTION #3 Pay after April 1/27
Adult (Unlimited Play)	Single	\$1500	\$1610	\$1665
	Couple	\$2450	\$2500	\$2625
Intermediate (Unlimited Play)	(Age 19-29)	\$1025	\$1050	\$1085
	(Age 30-39)	\$1230	\$1270	\$1330
9 Hole (Some restrictions)	Single	\$1050	\$1075	\$1140
	Couple	\$1740	\$1845	\$1950
Junior (Age 13-18)		\$550	\$550	\$550
SENIORS PROGRAM Age 60+ as of April 1/26 Age 75+ Save Additional 3% OFF PRICES BELOW				
FULL MEMBERSHIP TYPE		OPTION #1 Pay by Dec 1/26	OPTION #2 Pay by March 31/27	OPTION #3 Pay after April 1/27
Adult (Unlimited Play)	Single	\$1400	\$1495	\$1590
	Couple	\$2450	\$2500	\$2625
9 Hole (Some restrictions)	Single	\$1050	\$1075	\$1140
	Couple	\$1740	\$1845	\$1950

GROUP, CORPORATE & FAMILY MEMBERSHIPS AVAILABLE

Contact Proshop at 519-395-0009

		OPTION #1 Pay by Dec 1/26	OPTION #2 Pay by March 31/27	OPTION #3 Pay after April 1/27
Cart Options New Cart Policy	1 Person	\$1025	\$1075	\$1125
	**** Couple	\$1450	\$1540	\$1575
	9 Hole – 1 Person	\$800	\$825	\$850
	9 Hole – Couple	\$1000	\$1075	\$1150
Club Storage	Without Cart	\$150	\$150	\$150
	With Cart	\$225	\$225	\$225

NOTE: ALL ABOVE MEMBERSHIPS ARE SUBJECT TO APPLICABLE TAXES. All age categories as of April 1, 2026. 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

2027 Membership Application

Type of Membership _____ Option # _____ Date _____

List Names of Players (with birth dates for Juniors, Intermediates & Seniors) covered by this application

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Tel #: _____ Bus Tel #: _____

E-mail: _____

Signature: _____ Date: _____

*Power Cart Membership Name Single: _____

2nd Person if Applicable: _____

PAYMENT OPTIONS:

CHEQUE VISA MASTERCARD DEBIT ONLINE E-TRANSFER (PLEASE CIRCLE)

NAME ON CREDIT CARD _____

CREDIT CARD # _____ CVS# (3 digit) _____

EXPIRY DATE _____ AMOUNT _____

SIGNATURE _____