



Group Name: _____

Group Contact Name: _____

Contact Phone: _____

Contact Email: _____

Date: _____

The Coeur d'Alene Resort Golf Course thanks you for your reservation and is looking forward to providing the ultimate golf experience for your guests. It is our understanding a credit card account is being provided for use as a payment method of funds for individuals and/or guarantee for this group event under the guidelines of the group contract with The Coeur d'Alene Resort Golf Course. Prior to any services being rendered, this form must be completed, signed and returned to your assigned contact representative at The Coeur d'Alene Resort Golf Course.

☐ GOLF GREENS FEES ☐ FOOD & BEVERAGE ☐ OTHER _____

In accordance with the signed contract, I, _____, additionally agree to waive all disputes and pay all charges prior to play on the golf course.

CREDIT CARD ACCOUNT NUMBER:

CARD HOLDER MOBILE PHONE NUMBER:

NAME ON CREDIT CARD (PRINT): _____ BILLING ZIP CODE: _____

AUTHORIZED SIGNATURE: _____

900 S. Floating Green Dr. | Coeur d'Alene, Idaho 83814 | 800-935-6283