



Kishwaukee Country Club  
1901 Sycamore Rd.  
DeKalb, IL 60115  
  
www.kishwaukeecc.org  
  
Phone: 815-758-6848

**For office use only:**

Date Received	_____
Date Approved	_____
Member #	_____
Database	_____
Initiation Fee	_____
Assessment	_____
Roster Book	_____
Hole-In-One	_____

## **Youth Program Application**

I hereby apply for the Youth Program at Kishwaukee Country Club.

### **Member Information**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **Application and Acceptance of Membership**

I hereby apply for participation in the Youth Program at Kishwaukee Country Club. If my application is accepted, I agree to comply with and be bound by the Club's Regulations and By-laws as they may be amended from time to time. I understand and agree that if the Club does not accept this application, any funds paid for the program will be promptly refunded, and this application will be cancelled and will not be binding on either party. The Club reserves the right to decline this membership application at any time in its sole discretion. The program is a one-year program, per calendar year, with renewal from year to year based on mutual agreement of the parties based on eligibility. Youth Program participants must be between the ages of 16-20, anytime during the calendar year of the annual program.

### **Payments**

The Youth Program fee is \$500 and entitles the participant to the full and unlimited use of club facilities (golf, pool, and tennis). Golf course access is subject to time restrictions. Youth participants may also use the lounge for food service, but must not sit at the bar. Purchases can be made throughout the club grounds on a cash basis. If the Youth Program participant would like charge privileges, signed parental consent is required. Youth Program participants with charge privileges are required to have a parent provide one (1) valid credit card in the parent's name on file with the Club at all times. If at any time that credit card on record is declined, due to account closure, expiration date lapsing, or for any other reason, the parent must agree to promptly notify the Club and furnish new valid credit card information. In the event of failure to do so, charge privileges will be suspended. Charges are billed to the parent's credit card on a monthly cycle. A record of charges is available online under login/password protection for parental review.

I HAVE RECEIVED AND I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THE CLUB'S REGULATIONS AND BY-LAWS. This program application together with the Club's Regulations and By-laws as amended from time to time hereby constitute the entire agreement and understanding of the parties in respect of the participation in the Youth Program at KCC and the relationship, obligations, terms and conditions contemplated herein and supersede any previous agreements and understandings between the parties with respect thereto. The terms and conditions set out in this membership application and the Club's Regulations and By-laws may be only amended, modified or supplemented in a writing issued by the Club.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

This Membership Application has been approved for membership in Kishwaukee Country Club based upon a satisfactory review of all conditions listed within this Membership Application.

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

### Parental Credit Card Authorization

I certify the credit card listed below is issued to me and I agree that all disputes on my credit card or debit card account relating to the Club will be promptly brought to the Club's attention. I understand that I am to keep a valid approved credit card or debit card on file with the Club at all times.

\_\_\_\_\_ Please initial here to pay the monthly balance in full each month on the 12<sup>th</sup> with the following card. I hereby authorize the Club to charge the noted account for payment as listed in the above terms on the date specified above. If any of the above information should change I will contact the Accounting office with the new information. This contract shall be in effect until I send a request in writing to the Club stating that it shall be void.

Member Name \_\_\_\_\_ Exact name on card: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address Associated with cardholder above \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type: Mastercard    Visa    Discover    (Amex not accepted)

(Office use only: Phone \_\_\_\_\_ Member # \_\_\_\_\_ Address Code \_\_\_\_\_)