



Coral Oaks PDP Program

Looking to get the most out of your golf game?
Purchase the Coral Oaks Player Development
Program and start saving today!

Includes:

- 2 Large Buckets Per Day
- 10% OFF In-Stock Merchandise
- \$10 OFF Cart Fee After 3:00 PM
- Walk for Free after 1:00 PM

OR ***\$225 Per Month***
\$1,200 For 6 Months

PLEASE VISIT CORALOAKSGOLF.COM OR CALL 239.573.3100

TO REGISTER



Coral Oaks Golf Course

PDP Program

Includes:

- **2 Large Buckets Per Day**
- **\$10 Cart Fee After 3:00pm**
- **Walk for Free After 1:00pm**
- **10% Off In-Stock Merchandise**

_____ **Public (\$225 Per Month)**

_____ **Public (\$1200 – 6 Months)**

Required Information Needed:

Name: _____

Address: _____

City/State: _____ Zip: _____ Contact #: (____) _____ - _____

E-Mail: _____

Billing Info: _____

Address: _____

City/State: _____ Zip: _____

Agreement Information: _____

IN CONSIDERATION FOR THE PRIVILEGES AS OUTLINED IN THE PDP PROGRAM, I HEREBY AUTHORIZE CORAL OAKS GOLF COURSE TO CHARGE MY CREDIT CARD FOR PREVAILING MONTHLY DUES AS SET FORTH ABOVE. I UNDERSTAND THAT MY ENROLLMENT WITH THE CORAL OAKS PDP CARD FOR A 6-MONTH COMMITMENT. DUES FOR THE FIRST MONTH WILL BE CHARGED TO MY CREDIT CARD UPON INITIAL REGISTRATION. PAYMENT WILL BE PROCESSED MONTHLY VIA ON-FILE CREDIT CARD. THE CREDIT CARD INFORMATION WILL BE STORED AT OUR CREDIT CARD PROCESSING COMPANY AND NOT AT CORAL OAKS GOLF COURSE TO MAINTAIN PCI COMPLIANCE. MONTHLY BILLING WILL TAKE PLACE ON THE 5TH OF EACH MONTH. ANY CHANGES IN CREDIT CARD INFORMATION MUST BE REPORTED TO CORAL OAKS MANAGEMENT IMMEDIATELY. IF A CREDIT CARD IS DECLINED FOR ANY REASON THE CARDHOLDER WILL BE SUBJECT TO IMMEDIATE SUSPENSION UNTIL THE MONTHLY PAYMENT PLUS A \$25 ADMINISTRATIVE FEE IS RECEIVED. THE ABOVE-MENTIONED FEES ARE SUBJECT TO LOCAL 6.5% SALES TAX.

Coral Oaks golf Course reserves the right to terminate without refund program benefits if the cardholder is deemed to be in violation of program terms and conditions.

PDP Card Valid May 1st, 2024 THRU October 31st, 2024

Signature: _____ Date: _____

With your initials you acknowledge that there is No sharing of range balls with anyone at any time. Non-compliance with this could lead to immediate termination of the agreement with no refunds.

Name as it appears on card: _____

Credit Card Type: _____

Credit Card Number: _____

Exp. Date: _____ CCV: _____ Billing Zip Code: _____

Coral Oaks Golf Course | 1800 Northwest 28th Ave. | Cape Coral, FL 33993

www.coraloaksgolf.com | 239.573.3100