



## *Stonebridge Country Club Reciprocal Agreement Form*

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reciprocal Contact Person: \_\_\_\_\_

Email Address for Club Rosters and Updates: \_\_\_\_\_

Golf Shop Phone Number (for tee times): \_\_\_\_\_

Restaurant Phone Number (for dining reservations): \_\_\_\_\_

Head Golf Professional \_\_\_\_\_

Golfing Hours of Operation: \_\_\_\_\_

Advance Tee Time Policy: \_\_\_\_\_

Reciprocal Member Fee: \_\_\_\_\_ Reciprocal Guest Fee: \_\_\_\_\_

Dining Hours of Operation: \_\_\_\_\_

\_\_\_\_\_

*Stonebridge Country Club prefers individual credit card charges instead of club charge backs; if you need to make other arrangements please contact Erika Nolan at 239-594-5200 or [enolan@stonebridgecountryclub.com](mailto:enolan@stonebridgecountryclub.com).*

Billing Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

*Please return this form and your clubs information sheet to Mary at [mfehskens@stonebridgetcountryclub.com](mailto:mfehskens@stonebridgetcountryclub.com) or fax to (239) 594-1879.*