



2025

Pine Ridge Country Club Golf Outing Contract

Please Send Contract and Deposit to:
Pine Ridge Country Club
28 Pleasant St. N. Oxford, Ma. 01537
(508) 892-9188 Fax: (508) 892-4509

Tournament Name: _____
 Coordinator: _____ Work Phone: _____
 Address: _____ Home Phone: _____
 City: _____ Cell Phone: _____
 State: _____ Zip: _____ Email: _____

Outing Information: Deposits: Weekday: \$250.00 Weekend: \$500.00

Date: _____ Day: _____ Start Time: _____

Weekday: **ONLY 8:00AM**

\$60.00 Per Player

Modified Shotgun
44-92 Players

Full Shotgun
96-140 Players

Weekend: **ONLY 1:30PM**

\$70.00 Per Player

Modified Shotgun
44-92 Players

Full Shotgun
96-140 Players

Estimated Number Of Players: _____

Guaranteed Number: _____

Format Of Play: _____

Scoring: Pine Ridge Staff: _____ Other: _____

Please Note: Guaranteed Number of Players Must Be Submitted 10 Days Prior To Event.
This Will Be The Minimum Number That You Will Be Charged. Players can be added up to 4 days prior.
 Final Player Roster is Due 4 days prior to outing. You can email the roster to events@pineridgegolf.net
 No paper copies please.

* All Tournaments Will Have A Maximum Of 5.5 Hours Of Play Time.

Proximity Contests

Closest To Pin: Hole: Hole: Hole: Hole: Hole:
 Please Circle: (2) (4) (9) (11) (15)

Longest Drive: Men Hole: Hole: Hole: Longest Drive: Woman Hole: Hole: Hole:
 Please Circle: (8) (13) (14) (8) (13) (14)

Special Contests: Putting Contest () Hole In One: () Yardage Needed: ()

Food & Beverage Selections: Circle All that apply.

Grill: (Over 50 Players): Players Pay OR Grill Vouchers: \$7.95 pp+ TAX & Gratuity

Beverage Cart: Players Pay OR Drink Tickets: Prices Vary

Will you be having a Meal after the round? Y N

Menu Selection:

Appetizers Pre/Post Round: _____

Main Course Selection: _____

Additional Request: _____

Registration Table: # _____

Raffle Tables: # _____

Additional Set Up: _____

**I have read the Pine Ridge Country Club contract & Outing Policies Packet.
I agree to all the terms and Liabilities and Time conditions therein: Please Sign & Return
with deposit.**

Signature: _____ **Date:** _____
Organization: _____ **Deposit Amount: \$** _____
Tax ID # _____