

BLACKHORSE GOLF & COUNTRY RESORT

2025 Membership Fees (As of August 8th, 2024)

All Pricing Subject to HST

		All I	Ticing Subject to HST
FULL MEMBERSHIP TYPE	OPTION #1	OPTION #2	OPTION #3
	Pay by Dec 1/24	Pay by March 31/25	Pay after April 1/25
Adult Single	\$1400	\$1495	\$1550
(Unlimited Play) Couple	\$2275	\$2325	\$2440
Intermediate (Age 19-29)	\$950	\$975	\$1025
(Unlimited Play) (Age 30-39)	\$1165	\$1195	\$1250
9 Hole Single	\$995	\$1015	\$1075
(Some restrictions) Couple	\$1625	\$1725	\$1840
Junior (Age 13-18)	\$460	\$460	\$460
SENIORS PROGRAM			
Age 60+ as of April 1/25			
Age 75+ Save Additional 3% OFF PRICES BELOW	ODTION #4	ODTION #3	ODTION #3
FULL MEMBERSHIP TYPE	OPTION #1 Pay by Dec 1/24	OPTION #2 Pay by March 31/25	OPTION #3 Pay after April 1/25
Adult Single	\$1300	\$1390	\$1475
(Unlimited Play) Couple	\$2275	\$2325	\$2440
9 Hole Single	\$995	\$1015	\$1075
(Some restrictions) Couple	\$1675	\$1725	\$1850

GROUP, CORPORATE & FAMILY MEMBERSHIPS AVAILABLE Contact Proshop at 519-395-0009

		OPTION #1 Pay by Dec 1/24	OPTION #2 Pay by March 31/25	OPTION #3 Pay after April 1/25
Cart Options	1 Person	\$950	\$995	\$1050
New Cart Policy	**** Couple	\$1350	\$1425	\$1450
	9 Hole – 1 Person	\$725	\$750	\$775
	9 Hole – Couple	\$925	\$995	\$1050
Club Storage	Without Cart	\$100	\$100	\$100
	With Cart	\$200	\$200	\$200

NOTE: ALL ABOVE MEMBERSHIPS ARE SUBJECT TO APPLICABLE TAXES. All age categories as of April 1, 2025. Prices subject to change without notice. Special rates not to be used in conjunction with any other offers. *Juniors 12 and under free with a paying adult after 3pm only.

^{****} Cart registered to a couple can be used 36 holes max. per day or 18 holes per registrant without additional charges – 9 hole members half of that. APPLICATION ON REVERSE



BLACKHORSE GOLF & COUNTRY RESORT

1436 Bruce Rd. #1, Kincardine ON, N2Z 2X5 Tel# 519-395-0009, Fax: 519-395-5965 E-mail: info@blackhorsegolf.ca

2025 Membership Application

Type of Membership	Option #	Date				
List Names of Players (with birth dates for Juniors, Intermediates & Seniors) covered by this application						
Name:		Birthdate:				
Name:		Birthdate:				
Name:		Birthdate:				
Name:		Birthdate:				
Address:						
City:	Province:	Postal Code:				
Home Tel #:	Bus Tel #:					
E-mail:						
Signature:		Date:				
*Power Cart Membership Name Single:						
2nd Person if Applicable:						
PAYMENT OPTIONS:						
CHEQUE VISA MASTERCA	ARD DEBIT ONLINE E-TRAN	SFER (PLEASE CIRCLE)				
NAME ON CREDIT CARD						
CREDIT CARD #		CVS# (3 digit)				
EXPIRY DATE	AMOUNT					
SIGNATURE						