

Loyalty Program ~ We are introducing a Loyalty Program. The purchase of certain items (e.g. Golf fees, Food & Beverage, etc) will result in the accumulation of points which can be redeemed for the complimentary purchase of that same item or other items in the program. Our POS system will track loyalty point accumulation regardless of tender type ..

Please return this form if you wish to participate. Only one form is required per household.

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Halifax Plantation Golf Club

Loyalty Program Registration

Name: _____

Address: _____

Phone #: _____

Email address: _____ @ _____

Essentials of the Program

1. The purchase of certain items will result in the accumulation of points which can be redeemed for the complimentary purchase of that same item or other items in the program.
2. There will be occasional Retail Loyalty Promotions whereby points may be earned at certain times and days at an increased rate than usual. These special promotions will be broadcast via email. A valid email address is required to receive notifications.
3. Points cannot be used to pay state taxes. Participant is responsible for the payment of all taxes on items redeemed with points.
4. Signed receipts are required for all loyalty program transactions. Verify your receipt and points earnings after each transaction. Valid receipts will be required for all accounting queries.

I understand that being in the HPGC loyalty program is not an investment in HPCG, nor do I receive any equity or ownership interest in HPGC, its properties or facilities, same being owned solely by HPGC. Membership in the program does not confer a vested or prescriptive right or easement to use HPGC facilities. I understand that I possess no right to direct, vote on, or determine management decisions of HPGC as regards the loyalty program. I understand that HPGC has sole control of the program, which can be modified, adjusted or discontinued by HPGC at any time, at their sole discretion. In the event of termination of the program I understand that I would forfeit any such accrued benefits of the program.

Signature: _____ Date: _____