



WEBBS RESERVE

BABCOCK RANCH

2025 Annual Golf Pass Program

Fees*:

- Annual Fee
 - Individual: \$4,000
 - Family: \$6,000
- Cart Fees (per person): \$30/18 holes | \$20/9 holes
- (Optional) Practice Facility Program Monthly: \$50 | Yearly: \$550

Benefits also include:

- Guest rates
- Discounts on Golf Apparel
- Access to special ordering of merchandise and equipment
- (Preferred Tee Times) Access to the Lottery System 14 days in advance
- GHIN Handicap
- Member Events/Leagues
- \$12 Practice Pass *Public Practice Pass \$20, savings of \$8.

The Annual Pass is valid until December 31st 2025

Please contact AMcGrath@theiconteam.com for more information.

*All fees are subject to Florida State Sales Tax



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BABCOCK RANCH

2025 Annual Golf Pass Program Application

Primary Pass holder Name: _____

Pass Type: Individual_____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

I understand that the Annual Pass does not provide any form of interests or equity ownership in Webb's Reserve I authorize the club to notify me via email of periodical specials. I understand that the membership expires December 31, 2025.

I acknowledge the right of the Webb's Reserve Golf Club to close or limit facility use for the purpose of scheduled maintenance, severe weather conditions, scheduled outside events, or any other purpose deemed necessary by Webb's Reserve Golf Club.

I agree to abide by the rules and regulations of Webb's Reserve Golf Club at all times and understand that the privileges of this program may be suspended or cancelled for failure to abide by said rules & regulations. I understand that the annual pass is non-transferable, non-refundable and may only be used by me and my family if applicable. Family is defined as individual, spouse, and children under the age of 21. I understand that annual pass program may be discontinued at any time, and the Webb's Reserve Golf Club will honor any and all existing commitments at that time.

Hold Harmless

I hereby acknowledge that the use of the Webb's Reserve Golf Club Facilities and any privileges or service incident to membership in the club is voluntary and that any use of acceptance of any service or privileges incidental to membership is undertaken with knowledge of the risk of possible injury. I hereby accept any and all risk of injury. I understand that I am relieving Webb's Reserve Golf Club, the company, and those employed or affiliated with either of them from any and all loss, cost, claims, injury, damage or liability sustained or incurred by me, my guests and my family members resulting from or arising out of any conductor event connected with membership at Webb's Reserve Golf Club and use of the club facilities.

By: (Applicant)

Date

By: (Webb's Reserve Golf Club)

Date