



RETURN TO:
87 TOWN FARM RD
FARMINGTON, CT 06032
(860) 677-1367 EXT.3

2022 SEASON PASS APPLICATION

PLAYER INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SPOUSE INFORMATION

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

JUNIOR DEPENDENT INFORMATION

[A Dependent is an unmarried child under 18 residing with the Candidate]

Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____

SEASON PASS INFORMATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> ADULT	\$1999	<input type="checkbox"/> YOUNG ADULT (UNDER 24)	\$999
<input type="checkbox"/> SPOUSE	+ \$1000	<input type="checkbox"/> JUNIOR GOLFER (UNDER 18)	\$799
<input type="checkbox"/> JUNIOR DEPENDENT	+ \$499	TOTAL DUE \$	_____

Signature: _____ **Date:** _____

I/We understand no portion of the season pass fees are refundable and that this is a nontransferable membership.

Payment Type: Cash Check Credit Card **Staff Initial:** _____