



2016 Golf Season Pass Application

(please mail to the address listed below)

Name _____

Address _____

City _____ **Zip** _____

Phone (optional) _____

Email (optional) _____

Check Type of Season Pass

- Family - Husband, wife, & children under age 18 playing golf living in same household - \$850.00
- Husband & Wife - \$600.00
- Single - \$410.00
- Student (age under 18) - \$210.00

Total Amount Paid \$ _____ Payment Type _____

I hereby submit my application for a season golf pass at Heron Creek Golf Club. I agree to observe and abide by all Rules and Regulations set forth by Heron Creek Club. Applications are non-transferable and non-refundable.

Signature _____ **Date** _____

Mail to: 151 Kirkland Ave, Clinton NY 13323