



2011 Golf Season Pass Application

(please mail to the address listed below)

Name _____

Address _____

City _____

State _____ Zip _____

Email (optional) _____

Telephone (optional) _____

Check type of season pass:

- Family - Husband, wife & children under age 18 playing golf living in same household - \$770.00
- Husband & Wife - \$545.00
- Single - \$350.00
- Student (under age 18) - \$190.00

Total Amount Paid \$ _____

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 Golf Club. Applications are non-transferable and non-refundable.

Signature _____ Date _____

mail to:

Heron Creek Golf Club
151 Kirkland Ave
Clinton, NY 13323
(315) 853-8283