



## 2019 Season Pass Application

(please mail to the address listed below)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (optional) \_\_\_\_\_

Phone (optional) \_\_\_\_\_

### Check type of Season Pass Purchased:

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

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 & Regulations set forth by Heron Creek Golf Management & Staff.

Applications are non-transferrable and non-refundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to:

151 Kirkland Ave PO Box 433

Clinton, NY 13323

(315) 853-8283