



2023 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 – \$620.00
- Single - \$430.00
- 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