



Season Pass

Benefits Include

- Unlimited green fees (cart is optional)
- A USGA Ghin Handicap service
- An extra discount on merchandise purchases
- ½ price on Range Balls at the best range in the area
- Discounted Cart Fee

Contractual Provisions

- Season Passes are on an individual basis.
- Membership period is from January 1 of current year to December 31 of current year.
- For first time residents, a special prorated fee will commence beginning June 1.
- Immediate family members are eligible at one half the individual prices with a maximum of (2) two halves being purchased.
- Annual fees and provisions are subject to change without notice.
- All golf members must abide by rules and regulations of The Falls Golf Club. Breach of these rules could result in termination of season pass.
- All play must begin on Hole 1 or 10.
- Green fees are not valid during outside tournaments. Tournaments sponsored by The Falls are good with your season pass.
- The Fall's reserves the right to close the course for bad weather, outside tournaments or group outings.
- **No Show Policy** – if a season pass holder makes a tee time and does not cancel within 24 hours of reserved tee time, a \$25.00 no show fee will be charged.



Season Pass Price Structure

Regular	\$1,950.00 (cart not included)
Senior (55 & over)	\$1,300.00 – Only valid Monday through Friday. <i>Not valid on weekends or holidays.</i> (Cart not included)
Spouse	½ price of the regular rate above
Dependent	½ price of the regular rate above. If spouse and dependent each purchase ½ price memberships, other dependents can play on season pass. (For example, family of five (5)-one full season pass, spouse ½ price, one dependent ½ price, the other two dependents are covered on the pass.)

Sales Tax (7.95%) is not included in above rates.

Dependent is defined as a family member who is under 21 years of age and their primary residence is same as regular season pass address.



Season Pass Application

Name _____ Member # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Business Phone _____ Employer _____

Date of Birth _____

Type of Pass _____

Names of family members (included in plan). Mark with an "X"

___ Spouse _____ Date of Birth _____

___ Child _____ Date of Birth _____

___ Child _____ Date of Birth _____

Total amount \$_____. Initial payment must equal 50% plus tax. The remaining balance is due 30 days after initial payment.

Method of payment (circle) Visa Mastercard Check Cash

Account # or Check # _____ Exp _____

In making application for golf season pass at **The Falls Golf Club**, I do hereby agree to the provisions for season pass as set forth on all three (3) pages of this application. I do further agree to abide by the Rules and Regulations that are established. For breach of rules, I realize my season pass may be revoked at any time. I affirm that the above personal information is true and correct.

Signature

Print Name

Date

Falls Golf Club Official

Print Name

Date