

Johnson Golf Management, Inc.  
PO BOX 1659  
Harwich, MA 02645  
(774) 408-7661  
[www.johnsongolfmanagement.com](http://www.johnsongolfmanagement.com)

**Indian Meadows Golf Club**  
275 Turnpike Avenue  
Westborough, MA 02332  
(508) 836-5460  
[www.indianmeadowsgolfclub.com](http://www.indianmeadowsgolfclub.com)

## **2020 Indian Meadows Season Pass Holder Application**

This season pass is valid January 1, 2020 to December 31, 2020. All season pass holders and their guests shall abide by the rules and regulations and by any amendments or modifications. All season pass holders and their guests using the facility must register at the Pro Shop upon arriving at the club. Any season pass holder may be expelled or suspended by JGM. Cause for expulsion or suspension may consist of violation of any club rule. Season passes are non-transferable and non-refundable. Weekday season passes are not valid on weekends. Junior season passes are not valid until after 12 p.m. on weekends.

### **Type of Season Pass:**

(all ages are as of 01/01/20)

<b>Junior</b> (7 days a week after 12pm on weekends unless accompanied by adult)	<b>\$450.00</b>
<b>Weekday</b> (Monday- Friday no weekends)	<b>\$775.00</b>
<b>Individual</b> (7 days a week no restrictions)	<b>\$995.00</b>
<b>Weekday Husband &amp; Wife</b> (Monday- Friday no weekends)	<b>\$1350.00</b>
<b>Husband &amp; Wife</b> (7 days a week no restrictions)	<b>\$1750.00</b>
<b>Family</b> (Husband, Wife, Children over 8 and under 18, 7 days a week no restrictions)	<b>\$1995.00</b>

MGA Handicap \$50.00 ( ) Yes ( ) No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Family Members and DOB: \_\_\_\_\_

I certify that the information provided by me in this application is true and complete. I understand that any falsification or omission by me on this application is grounds for expulsion. I certify that I have read and understand the rules and regulations stated here. Failure to abide by the rules will result in the suspension of season pass.

**\*Make checks payable to Johnson Golf Management and mail all season passes to:**

**JOHNSON GOLF MANAGEMENT, INC.  
PO BOX 1659  
HARWICH, MA 02645**

**I fully understand that this season pass is non-refundable and non-transferable  
Failure to attend the facility does not constitute a refund.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Type of Payment: (cash or check for memberships, if paying by credit card add 3%)**

Cash: \_\_\_\_\_ Credit Card#: \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_