

Johnson Golf Management, Inc.
PO BOX 1659
Harwich, MA 02645
(774) 408-7661
www.johnsongolfmanagement.com
info@johnsongolfmanagement.com

Indian Meadows Golf Club
275 Turnpike Rd.
Westboro, Ma 01581
(508) 836-5460
www.indianmeadowsgolfclub.com

Pinecrest Golf Club
212 Prentice St
Holliston, MA 01746
(774) 233-0579
www.pinecrestgolfclub.net

2017 Dual Pass Holder Application

This season pass is valid January 1, 2017 to December 31, 2017 (or golf course closing date)

Type of season pass:
(all ages are as of 01/01/17 * Proof of age required)

Weekday	Individual	Individual and Spouse	Junior Weekday (under 17)
\$1095.00 ()	\$1275.00 ()	\$1875.00 ()	\$475.00 ()

DOB: _____ Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Please note that season pass holders and guests are not permitted to bring alcoholic beverages on to the golf course. Any violation of this or any club rule will result in loss of privileges. All Season Pass holders and guests must sign in at Pro shop at time of golf.

The undersigned applicant hereby confirms the accuracy of the foregoing information. Applicant acknowledges that the rights afforded to any season pass holder shall be subject to a reasonable regulations adopted by the management, as may be amended from time to time.

**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: _____

***Make checks payable to Johnson Golf Management, Inc. and mail to:**

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

STAFF USE ONLY

Type of Payment: **(Dual Passes paid by cash or check only)**

Cash: _____

Check #: _____

Amount: _____

Date Paid: _____