

2 0 2 2 S E A S O N P A S S A P P L I C A T I O N

WHITE MOUNTAIN CC *PHEASANT RIDGE GOLF CLUB*

Date: ____ / ____ / ____

PERSONAL INFORMATION:

Name (print): _____

Physical Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above):

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ (primary)

(____) _____ (secondary)

Email address: _____

Signature: _____

Individual Season Pass \$ 1,400.00

Upgraded Immediate Family Members ____ (quantity) x \$700.00 \$ _____

* Must Reside at Same Address

Names: _____

TOTAL AMOUNT DUE: \$ _____

Payment Options:

Cash (do not mail, Pro Shop Only)

Check

Credit Card (Visa, MasterCard, Discover, American Express) (Payment method at pro shop only)

Mail Application and Payment to:

WHITE MOUNTAIN COUNTRY CLUB
P.O. BOX 986
ASHLAND, NH 03217

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____

Total Paid: \$ _____

Form of Payment: Cash Check #

Credit Card