

2020 SEASON PASS APPLICATION

\*PHEASANT RIDGE GOLF CLUB\* \*WHITE MOUNTAIN CC\*

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 \$ 1,300.00

Upgraded Immediate Family Members \_\_\_\_ (quantity) x \$650.00 \$ \_\_\_\_\_

\* 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:

PHEASANT RIDGE GOLF CLUB  
140 COUNTRY CLUB RD  
GILFORD, NH 03249

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total Paid: \$ \_\_\_\_\_

Form of Payment: Cash    Check #

Credit Card