



RETURN TO:
99 Country Club Road
Oxford, CT 06478
203.888.1600

2022 SEASON PASS APPLICATION

PLAYER INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SPOUSE INFORMATION (If applicable)

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

JUNIOR DEPENDENT INFORMATION (If applicable)

[A Dependent is an unmarried child under 18 residing with the Candidate]

Name(s)	Date of Birth
_____	_____
_____	_____

SEASON PASS INFORMATION (CHECK ALL THAT APPLY)

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> 7-DAY | \$2595 | <input type="checkbox"/> 5-DAY | \$1895 |
| <input type="checkbox"/> SPOUSE | + \$1895 | <input type="checkbox"/> SPOUSE | + \$1495 |
| <input type="checkbox"/> JUNIOR DEPENDENT | + \$1295 | <input type="checkbox"/> JUNIOR DEPENDENT | + \$895 |

GHIN Registration / Renewal (\$45.00)
GHIN# _____

TOTAL PAID \$ _____

Signature: _____ Date: _____

I/We understand no portion of the season pass fees are refundable and that this is a nontransferable membership.

Payment Type: Cash Check Credit Card **Staff Initial:** _____