

2018 SEASON PASS APPLICATION  
(Purchased in 2017)

\*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 \$ 1,100.00

Upgraded Immediate Family Members \_\_\_\_ (quantity) x \$550.00 \$ \_\_\_\_\_

\* 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  
PO BOX 986  
ASHLAND, NH 03217

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Total Paid: \$ \_\_\_\_\_

Form of Payment: Cash    Check #    Credit Card