## 2 0 18 SEASON PASS APPLICATION

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

Date:	/					
PERSONAL INF	FORMA	TION:				
Name (print):			_			<u> </u>
Physical Address	i:					
Street:						_
ity: State:				Zip (	Code:	_
Mailing Address	(if diffe	rent from a	bove):			
Street:						_
City:			State:_	Zip (	Code:	_
Phone:	(	)		_ (primary)		
	(	)		_ (secondary)		
Email address:						
Signature:						
Individual Seaso	n Pass				\$ 1,200.00	_
		mily Membert Same Add	ers(quantit	y) x \$600.00	\$	_
	Names					
	1 (united	•				
		-				
		-				
TOTAL AMOU			AMOUNT DUE:		\$	_
Payment Options	i:					
Cash (do not	mail, Pr	o Shop Onl	y)			
<sup>O</sup> Check						
Credit Card (V	isa, Mas	sterCard, D	iscover, America	n Express) (Pay	ment method at pro	shop only)
Mail Application	and Pay		WHITE MOUNT	TAIN COUNTR	Y CLUB	
		]	PO BOX 986		TI CLOB	
			ASHLAND, NH	03217		
		F(	OR OFFICE	USE ONLY		
Date Received: _	/	/	Total Pa	id: <u>\$</u>		
Form of Payment	: Cash	Check #	Credit Card			