Tarry Brae Golf Course (845)434-2620 Lochmor Golf Course (845)434-1257

2016 SEASON PASS APPLICATION

NAME(s): _____

ADDRESS WHERE PASS AND RECEIPT IS MAILED TO:

_____

STATE:_____ Zip Code: _____

*EMAIL ADDRESS:_____

TELEPHONE NUMBER: ( ) _____

FALLSBURG & SULLIVAN COUNTY RESIDENTS –Proof of residency REQUIRED

One of the following is needed:

*Copy of Most Recent Tax bill

* 3 Months of Rent Receipts

* Student ID

* Tax Map # _____

* Town of _____

□ I am not a Fallsburg or Sullivan County Resident

FALLSBURG SENIORS, JUNIORS AND INTERMEDIATE MEMBERS

*Copy of Birth certificate or Drivers License

* Please indicate under names, which players are which

* Age is determined as of 04/15/16

METHOD OF PAYMENT – <u>At this time application can't be processed over the internet</u>

□ CHECK AMOUNT ENCLOSED : _____

□ CREDIT CARD: □Visa □ Mastercard **$15.00 Surcharge when using Credit Card**

CC # _____Exp Date _____ Security Code_____Amount :_____

□CASH AMOUNT: _____ NO CASH THROUGH THE MAIL

** Checks Payable to: " Town of Fallsburg", PO Box 2019, South Fallsburg, NY 12779*

Note: Pass Holder Refund Policy: Absolutely NO exceptions

- Until 5/31 without play-Full Refund minus $50.00 administrative fee : Dr.'s note
- Until 7/12 Up to 50% depending on play with Dr's note
- After 7/12: No refunds

Pass Information: In 2016, your 2015 pass will be reactivated for the 2016 season. If you have lost or do not have a 2015 pass we will issue you a new one.

I, the undersigned, have read the above and agree to abide by all rules and regulations that govern the Tarry Brae and Lochmor Golf Course. If a pass is taken away for not obeying the rules, no refund will be given.

DATE_____ Applicants Signatures: _____

Please have both spouses sign _____

<u>www.TarryBrae.com</u> <u>www.LochmorGolf.com</u>