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## APPLICATION FOR SEASON PASS 2017

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Winter Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

If application is for family category please list names and ages of family members.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Type of Season Pass: \_\_\_\_\_

Price of Season Pass by Category: ..... \_\_\_\_\_

USGA Handicap Fee ..... \$35.00 per player ..... \_\_\_\_\_

Small Locker Fee: ..... \$50.00 ..... \_\_\_\_\_

Large Locker Fee: ..... \$75.00 ..... \_\_\_\_\_

Club Storage & Cleaning: ..... \$100.00 (per set) ..... \_\_\_\_\_

Total \_\_\_\_\_

All Season Passes must be paid in full before play is allowed.  
Make checks payable to EGREMONT COUNTRY CLUB.

Mail to: Egremont Country Club  
P.O. Box 547  
Great Barrington, MA 01230