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APPLICATION FOR SEASON PASS 2018

Name: _____ Telephone _____

Address: _____ City _____

State: _____ Zip: _____

Email: _____

Winter Address: _____ City _____

State: _____ Zip: _____

Telephone: _____

Name: _____ Age: _____

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

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