



THE TRADITION GOLF CLUB AT WALLINGFORD – 2009 SEASON PASS

First Name: _____ Last Name: _____

Mailing Address: _____

Home Phone: _____ Other Phone: _____

Email: _____

<u>Classifications</u>	<u>Dues</u>	<u>Tax</u>	<u>Total</u>
• Non Resident Monday-Friday	\$1100	\$0	\$1100
• Non-Res. Additional Household Member	\$1050	\$0	\$1050
• Wlfd. Resident Monday-Friday	\$900	\$0	\$900
• Wlfd. Resident Additional Household Member	\$850	\$0	\$850
• Men's Club	\$120	\$0	\$120
• Ladies' Club	\$100	\$0	\$100
• Locker	\$100	\$10	\$110
• Driving Range	\$150	\$15	\$165
• Locker/Range Package	\$200	\$20	\$220
• Trail Fee	\$500	\$50	\$550
• Family Trail Fee	\$750	\$75	\$825
(Pilgrim's Harbor, Fairways, The Ridges)			

Please note: Season Passes are valid Monday through Friday excluding Holidays and golf outings and does not include cart rental. Season pass holders pay only \$30 with cart after 1pm on Weekends and Holidays when tee times are available. Season pass is valid from April 1, 2009 to November 15, 2009. Regular greens fees apply during times not specified on your season pass. Tee times are on a first come first serve basis and can be booked 10 days in advance, 3 days earlier than non pass holders.

TOTAL FEES: _____

PLEASE REMIT APPLICATION & PAYMENT TO: The Tradition Golf Club, 37 Harrison Rd. Wallingford CT. 06492

CHECK payable to The Tradition GC at Wallingford in the total amount of: \$ _____

The Tradition Golf Club is authorized to charge to the following credit card account for any past due fees or purchases made by the season pass holder including any appropriate late fees:

CREDIT CARD – AmEx/VISA/MC/Disc. Card Number _____ Exp. Date: _____

Amount Charged _____

Hold Harmless

I hereby acknowledge that the use of the Club Facilities and any privilege or service incident to season pass is undertaken with knowledge of the risk of possible injury. I hereby accept any and all risk of injury to myself, my guest and family sustained while using the Club Facilities or involved in any event or activity incident to your season pass in the Club. In accepting the risk of injury, I understand that I am relieving The Tradition Golf Club, the Club and any of their managers, directors, officers, employees and affiliates from any and all loss, cost, claims, injury, damage or liability sustained or incurred by me, my guest and my family resulting from or arising out of conduct or event connected with my season pass in the Club and use of any of the Club Facilities.

Verification of Application

Upon signing this Application for Season Pass, I hereby authorize the disclosure and release of information to the Club for investigating my qualifications for my season pass and authorize those persons or entities herein to furnish information to the club.

I promise and agree to return carts immediately following the completion of the round in as good condition as I received same, normal wear being excepted. I promise and agree to pay for any damages that are sustained to golf cart, other than normal wear, while the cart is in my possession. I represent that I am familiar with the operation and use of golf carts, and that I can operate same. I have a valid driver's license.

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE CONDITIONS OF SEASONAL PRIVILEGES.

Pass Holder's Signature: _____ Date: _____

This application for your Season Pass shall not be binding upon the Club until the acceptance is signed.

Accepted by: _____ Date: _____