## STANLEY GOLF COURSE GOLF PASS APPLICATION

## $\frac{\texttt{APPLICATION MUST BE COMPLETELY FILLED OUT}}{\texttt{TO RENEW GOLF PASS OR LOCKER}}$

- •	NAME				
	-	(Last)	(First)	(Mid.Init.)	
2 •	ADDRESS				
		(No.)	(Street)		
		(City)	(Sta	te) (zip)	
	PHONE #	Home	Work	Cell	
	E-MAIL Z	ADDRESS		<del></del>	
	DATE OF	BIRTH/	/		
5.	CHECK 2017 GOLF PASS* CATEGORY (Check one category only)*				
	RESIDEN'	I SENIOR RESTRICT	ED	RESIDENT SENIOR FULL	
	NON-RES	IDENT SENIOR REST	RICTED		
	RESIDEN'	Г		NON-RESIDENT	
	RESIDEN'	T JUNIOR RESTRICT	ED	RESIDENT JUNIOR FULL	
	NON-RES	IDENT JUNIOR REST	RICTED	NON-RESIDENT JUNIOR FULL	
	RESIDEN'	T DISABLED RESTRIC	CTED	RESIDENT DISABLED FULL	
	_	asses are valid fi tarting at 7:00 AM		il December 24 and are accepted and holidays.)	
	IS THIS	A CATEGORY CHANGE	E FROM <b>2016</b> SEAS	ON TICKET? YES NO	
3.	ARE YOU	A MEMBER OF THE N	MEN'S MEN'	S SENIORWOMEN'S CLUB?	
	RESIDENTS MUST SHOW PROOF OF RESIDENCY BY PROVIDING THE FOLLOWING:				
	CURRENT UTILITY BILL AND CONNECTICUT OPERATOR LICENSE				
	DO YOU	WISH TO RENEW YOUR	R LOCKER? YES	NO LOCKER #	
10.	IF LOCKERS ARE AVAILABLE, DO YOU WISH TO RENT? YES				
		NEW APPLICANTS FOR DISABILITY MUST BE 30% MILITARY CONNECTED. (Residents only 61 years and younger)			
	MAKE CHECKS PAYABLE TO: CITY OF NEW BRITAIN				
	CREDIT (	CREDIT CARD PAYMENTS MAY BE MADE IN PERSON AT THE PRO-SHOP			
	OFFICE USE ONLY				
	METHOD OF	PAYMENT CASH	CHECK #	CREDIT CARD	
	DATE	AMOUNT _		INITIAL	