

Granite Fields Golf Club

7 Rte. 125 - Kingston, NH 03848

Mailing Address: P.O. Box 175 - Plaistow, NH 03865

(603) 642-9977

2015 Season Pass Application

I hereby submit my name for a season pass with Granite Fields Golf Club

Name: _____ D.O.B. ___/___/___

Spouse: _____ D.O.B. ___/___/___

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell _____

E-mail: _____

All above information must be filled out completely or Season Pass will not be accepted

NOTE SEASON PASS MUST BE PAID IN FULL BY DUE DATE

Season Pass Classification (please check the appropriate boxes)

5 Day Golf Pass

Golf Monday thru Friday – After 4:00 pm on Weekends & Holidays

Tee Times can be booked 7 days in advance

Single Walking \$1,295.00 Single w/Cart \$1,975.00 with Spouse \$2,795.00

7 Day Golf Pass

Unlimited Golf - Monday - Sunday - Includes Holidays

Tee Times can be booked 7 days in advance

Single \$1,495.00 Single w/Cart \$2,495.00 with Spouse \$3,495.00

I the undersigned wish to utilize the facility of Granite Fields Golf Club and agree by all existing rules and regulations. If there are other members of my family they are likewise in agreement. This Season Pass is non transferable. I understand the club insists that all rules of golf and fair play are observed. I agree that violation of such rules will constitute cause for canceling my privileges to use the golf course and golf cart and I will not be eligible for a refund.

Signature of Applicant _____ Date ___/___/___

Office Use Only Date Received _____ Amount: \$ _____ Check # _____

Payment by Check or Cash only – No Credit Cards accepted - *NO* cash refunds for season pass holders.
(Granite Fields Golf Club reserves the right to discontinue this offer at any time)