

NAME(s): _____

ADDRESS WHERE PASS AND RECEIPT IS MAILED TO: _____

STATE: _____ Zip Code: _____

*EMAIL ADDRESS: _____

TELEPHONE NUMBER: () _____

FALLSBURG & SULLIVAN COUNTY RESIDENTS –Proof of residency REQUIRED

One of the following is needed:

- *Copy of Most Recent Tax bill
- * 3 Months of Rent Receipts
- * Student ID
- * Tax Map # _____
- * Town of _____

I am not a Fallsburg or Sullivan County Resident

FALLSBURG SENIORS, JUNIORS AND INTERMEDIATE MEMBERS

- *Copy of Birth certificate or Drivers License
- * Please indicate under names, which players are which
- * Age is determined as of 04/15/17

METHOD OF PAYMENT – At this time application can't be processed over the internet

- CHECK AMOUNT ENCLOSED : _____
 - CREDIT CARD: Visa Mastercard **\$15.00 Surcharge when using Credit Card**
CC # _____ Exp Date _____ Security Code _____ Amount : _____
 - CASH AMOUNT: _____ NO CASH THROUGH THE MAIL
- * Checks Payable to: "Town of Fallsburg", PO Box 2019, South Fallsburg, NY 12779

Note: Pass Holder Refund Policy: Absolutely NO exceptions

- Until 5/31 without play-Full Refund minus \$50.00 administrative fee : Dr.'s note
- Until 7/12 Up to 50% depending on play with Dr's note
- After 7/12: No refunds

Pass Information: In 2017, your 2016 pass will be reactivated for the 2017 season. If you have lost or do not have a 2016 pass we will issue you a new one.

I, the undersigned, have read the above and agree to abide by all rules and regulations that govern the Tarry Brae and Lochmor Golf Course. If a pass is taken away for not obeying the rules, no refund will be given.

DATE _____

Applicants Signatures: _____

Please have both spouses sign
www.TarryBrae.com

www.LochmorGolf.com