

**2018 SEASON PASS APPLICATION**

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 04/15/18 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 2018, your 2017 pass will be reactivated for the 2018 season. If you have lost or do not have a 2017 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](http://www.TarryBrae.com) \_\_\_\_\_  
[www.LochmorGolf.com](http://www.LochmorGolf.com)