

PEASE GOLF COURSE FULL WEEK PASS APPLICATION

NAME: _____ E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE/ZIP: _____

PHONE: _____ FAX: _____

Credit Card #: _____ EXPIRATION DATE: _____

This pass is for the 2019 golfing season and may not be available to me in succeeding years. The golfing season is defined as April 1, 2019 through November 30, 2019. However, please note that Pease Golf Course Management reserves the right, in its sole discretion, to shorten or extend the season either end, subject to course conditions which dictate actual availability for play. Management also reserves the right, in its sole discretion, to close the course during the season, if conditions warrant such. This agreement between you the Annual Pass Holder and Pease Golf Course, as stated in the Terms and Conditions constitute the entire agreement between the parties. The Annual Pass Holder agrees that they have read the Terms and Conditions and agree to comply with them.

APPLICANT'S SIGNATURE

PASS NUMBER

NAME OF APPLICANT - PRINTED

Full Week Annual Pass Plan- Individual \$1,900.00 the pass covers the cost of green fees Monday-Sunday. All fees must be paid in full before playing privileges begin. Visa, Mastercard and American Express are all applicable cards. Return this application with your Credit Card number or a check in the appropriate amount to:

Pease Golf Course
200 Grafton Drive
Portsmouth, NH 03801

Terms and Conditions

This pass entitles me to book one tee time on any day the course is open to general play. Starting times will be available to me two weeks in advance at www.peasegolf.com or one week in advance by phone or in the golf shop. I also understand I must adhere to the standards of conduct and attire established by the Management and that failure to do so may result in this pass being revoked or restricted. I further understand this pass is non-refundable once the pass is issued and that this pass is non-transferable.