## 2025 Pass Holder Application (MUST TURN IN TO PRO SHOP EACH YEAR)

NAMELAST	FIRST	MIDDLE	MEMBER # IF	RENEWING
CAPE ADDRESS No & STREET	TOWN		ZIP	
	i o i i i			
PHONE	CELL	DATE OF	DATE OF BIRTH	
EMAIL (MANDATORY)				
I agree to abide by the rules and regula website. I understand that the Manager course. The information I have provid yearly fee is non-refundable and non- t	ment may suspend any pass hole ed regarding my eligibility as a	der for conduct not in t	he best interest o	f the golf
APPLICANT'S SIGNATURE	РА	RENT/GUARDIAN FOR JU	NIORS	
Check desired fee. Pass Holder fees inc	lude payments into the Capital	Improvement Fund and	d the Revitalization	on Fund
ADULT HARWICH RESIDENT	( <u>PER PERSON</u> , 4 ADULTS PER 1	RESIDENCE MAX)		FULL \$910
HARWICH EMPLOYEE OR HA	RWICH BUSINESS OWNER	(PER PERSON, 2 PER BUS	INESS)	\$910
ADULT NON-RESIDENT			9	\$1360
DISABLED VETERAN (33% OF LEAST 51%. <u>MUST PRESENT</u>				
YOUNG ADULT HARWICH RE	<mark>SIDENT ONLY</mark> (19-30 YRS AS	S OF MAY 1 <sup>ST</sup> )	5	\$610
COLLEGIATE HARWICH RESI	<mark>DENT ONLY</mark> (19-24 YRS. MUS	T SHOW LICENSE & CO	OLLEGE ID)	\$300
JUNIOR HARWICH/CHATHAM	<mark>I RESIDENT</mark> (7-18 YRS AS OF	' MAY 1 <sup>ST</sup> )	5	\$150
JUNIOR NON RESIDENT (7-18 YRS AS OF MAY 1 <sup>ST</sup> )				\$350
-	CREDIT CARD FEE AND I	MMEDIATE ACTIV	ATION.	CONLY***
GO TO: <u>https://</u>	www.golfnations.co	om/mass-golt/	<u>c1d=8458</u>	

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PROOF OF RESIDENCY/TAXPAYER STATUS MUST	INCLUDE:

- A VALID DRIVER'S LICENSE <u>AND EITHER</u>
- CURRENT REAL ESTATE TAX/UTILITY BILL OR
- CURRENT AUTO REGISTRATION

BIRTH CERTIFICATE IS NEEDED FOR ALL JUNIOR APPLICANTS

Payments can be made by Cash, Check or Credit Card (Credit Cards incur a 3% processing fee per individual) Checks payable to: Town of Harwich Mailed to: Cranberry Valley Golf Course 183 Oak Street, Harwich, MA 02645

PAY PASS HOLDER FEES O	NLINE USING MASTERCARD, V	ISA, AMEX, OR DISCOVER	AT: <u>www.cranberryvalley.golf</u>
CREDIT CARD NUMBER:		EXP.: CVV:	BILLING ZIP CODE:
NAME ON CREDIT CARD: SIGNATURE:			
OFFICE USE ONLY:			
EMPLOYEE:	DATE:	MEM #	
CASH CHECK #	CREDIT CARD	GIFT CERTIFICATE	AMOUNT PAID