

STANLEY GOLF COURSE 2025 GOLF PASS APPLICATION

APPLICATION MUST BE COMPLETELY FILLED OUT TO RENEW GOLF PASS OR LOCKER

1. NAME _____
(Last) (First) (Mid.Init.)

2. ADDRESS _____
(No.) (Street)

(City) (State) (Zip)

3. PHONE # Home _____ Work _____ Cell _____

4. E-MAIL ADDRESS _____

5. DATE OF BIRTH _____/_____/_____

6. CHECK **2025** GOLF PASS* CATEGORY (Check one category only)*

RESIDENT SENIOR RESTRICTED _____	RESIDENT SENIOR FULL _____
NON-RESIDENT SENIOR RESTRICTED _____	NON-RESIDENT SENIOR _____
RESIDENT _____	NON-RESIDENT _____
RESIDENT JUNIOR RESTRICTED _____	RESIDENT JUNIOR FULL _____
NON-RESIDENT JUNIOR RESTRICTED _____	NON-RESIDENT JUNIOR FULL _____
RESIDENT DISABLED RESTRICTED _____	RESIDENT DISABLED FULL _____

***MUST BE AT LEAST 30%-(MILITARY CONNECTED)**

RESIDENTS MUST SHOW PROOF OF RESIDENCY BY PROVIDING THE FOLLOWING:

CURRENT UTILITY BILL _____ AND CONNECTICUT OPERATOR LICENSE# _____

***Golf passes are valid from March 15 until December 24 (weather permitting).**

****Non-transferable/non-refundable except for medical reason(s).
(Must obtain and present a doctor's note for reason(s))**

7. IS THIS A CATEGORY CHANGE FROM **2024** SEASON TICKET? YES _____ NO _____

8. **SGC Cart Agreement Acknowledgment** -Initials _____ Date: _____

9. DO YOU WISH TO RENEW YOUR LOCKER? YES _____ NO _____ LOCKER # _____

10. IF LOCKERS ARE AVAILABLE, DO YOU WISH TO RENT? YES _____

NEW APPLICANTS FOR DISABILITY MUST BE 30% MILITARY CONNECTED.
(Residents only 61 years and younger)

MAKE CHECKS PAYABLE TO: CITY OF NEW BRITAIN

CREDIT CARD PAYMENTS MAY BE MADE IN PERSON AT THE PRO-SHOP

OFFICE USE ONLY

METHOD OF PAYMENT

CASH _____

CHECK # _____

CREDIT CARD _____

DATE _____

AMOUNT _____

INITIAL _____