

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 _____