



**STANLEY GOLF COURSE 2026 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-MAILADDRESS \_\_\_\_\_

5. DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

6. CHECK **2026** GOLF PASS\* CATEGORY (Check one category only)\*

- |                                     |                          |                               |                          |
|-------------------------------------|--------------------------|-------------------------------|--------------------------|
| RESIDENT SENIOR RESTRICTED          | <input type="checkbox"/> | RESIDENT SENIOR FULL          | <input type="checkbox"/> |
| RESIDENT YOUNG ADULT RESTRICTED     | <input type="checkbox"/> | RESIDENT YOUNG ADULT FULL     | <input type="checkbox"/> |
| NON-RESIDENT SENIOR RESTRICTED      | <input type="checkbox"/> | NON-RESIDENT SENIOR FULL      | <input type="checkbox"/> |
| NON-RESIDENT YOUNG ADULT RESTRICTED | <input type="checkbox"/> | NON-RESIDENT YOUNG ADULT FULL | <input type="checkbox"/> |
| RESIDENT                            | <input type="checkbox"/> | NON-RESIDENT                  | <input type="checkbox"/> |
| RESIDENT JUNIOR RESTRICTED          | <input type="checkbox"/> | RESIDENT JUNIOR FULL          | <input type="checkbox"/> |
| NON-RESIDENT JUNIOR RESTRICTED      | <input type="checkbox"/> | NON-RESIDENT JUNIOR FULL      | <input type="checkbox"/> |
| RESIDENT DISABLED RESTRICTED        | <input type="checkbox"/> | RESIDENT DISABLED FULL        | <input type="checkbox"/> |

\*MUST BE AT LEAST 30%-(MILITARY CONNECTED & Residents 61 years or younger)

\*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 **2025** SEASON TICKET? Yes  NO

8. **SGC CART AGREEMENT ACKNOWLEDGEMENT** INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

**RESIDENTS MUST SHOW PROOF OF RESIDENCY BY PROVIDING THE FOLLOWING:**

*CURRENT UTILITY BILL AND CONNECTICUT OPERATOR LICENSE*

9. DO YOU WISH TO RENEW YOUR LOCKER? Yes  NO  LOCKER # \_\_\_\_\_

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

**PAYMENT NOTES:** 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 \_\_\_\_\_