

TOWNSHIP OF CALN

INGLESIDE GOLF CLUB

2008 APPLICATION FORM - DUE BY JANUARY 31 - SUBJECT TO APPROVAL

RESIDENT > _____ NONRESIDENT > _____

Name: _____

Date of birth: _____

Home Address: _____

Zip: _____

Phone : _____

I hereby make application for a Seven Day Pass(s) or Weekday Pass(s) for the calendar year 2008, to the Township of Caln, Ingleside Golf Club (please check one above). Proof of residency attached. The following spouse or child to be included:

Relationship: _____

Type of Pass: _____

Pass Cost: \$ _____

Returning adult single 2009 pass holders may deduct \$100.00 (couples \$150.00) if submitted by January 31, 2010. Payment in full must accompany this application. Make checks payable to 'Township of Caln' and send to: Township of Caln, Attn: Ingleside Golf Applications, 253 Municipal Dr, Thorndale, PA 19372. Applications must be approved by the Recreation Golf Committee.

_____ *Signature* _____ *Date*

*Outings will occasionally cause the course to close.
Golf Course maintenance may require temporary greens, tees or holes.
Ingleside Golf Club reserves the right to make changes above.*