

**2010 WICOMICO SHORES  
SEASON GOLF PASS APPLICATION**

Cell Phone :

NAME :

PHONE :

ADDRESS :

CITY :

STATE / ZIP :

E-MAIL ADDRESS

Date of Birth \_\_\_\_\_

**TYPE OF SEASON PASS : PLEASE CIRCLE ONE**

**5 DAY PASS – Weekdays only , does not include weekends or holidays.**

<b>INDIVIDUAL</b>	<b>\$ 700</b>
<b>SENIOR</b>	<b>\$ 625</b>
<b>JUNIOR</b>	<b>\$ 350</b>
<b>HOUSEHOLD</b>	<b>\$ 1050 / 2 people</b>
<b>SENIOR HOUSEHOLD</b>	<b>\$ 935 / 2 people</b>

**7 DAY LIMITED PASS – Weekdays and after 12 pm on weekends and holidays during the months of March to October. No restrictions from November through February.**

<b>INDIVIDUAL</b>	<b>\$ 900</b>
<b>SENIOR</b>	<b>\$ 815</b>
<b>JUNIOR</b>	<b>\$ 450</b>
<b>HOUSEHOLD</b>	<b>\$ 1240 / 2 people</b>
<b>SENIOR HOUSEHOLD</b>	<b>\$ 1100 / 2 people</b>

**7 DAY UNLIMITED PASS – No restrictions weekdays, weekends, or holidays.**

<b>INDIVIDUAL</b>	<b>\$ 1150</b>
<b>SENIOR</b>	<b>\$ 1035</b>
<b>JUNIOR</b>	<b>\$ 575</b>
<b>HOUSEHOLD</b>	<b>\$ 1550 / 2 people</b>
<b>SENIOR HOUSEHOLD</b>	<b>\$ 1395 / 2 people</b>

**HOUSEHOLD PASSES WILL CONSIST OF 2 ADULT PASSES WITH AN ADDITIONAL CHARGE OF \$75 FOR EACH EXTRA JUNIOR PASS REQUESTED. PROOF OF RESIDENCY WILL BE REQUIRED.**

<b>Handicap Fee - \$ 25 / person</b>	<b>Yes</b> _____ <b>No</b> _____
<b>Handicap will be required for ALL Tournament and League play</b>	
<b>(NO CASH ACCEPTED) CHECK OR CREDIT CARD</b>	

**SIGNATURE** \_\_\_\_\_ **AMOUNT ENCLOSED** \_\_\_\_\_  
( may pay ½ April 1 and ½ July 1 or total amount April 1)

**LIST NAMES FOR HOUSEHOLD PASSES** \_\_\_\_\_