

**ALL SEASON
PASSES MUST BE
PAID-IN-FULL
BEFORE MAY 1ST.**

*Clinton County Recreational Authority
Belles Springs Golf Course
417 Fairground Road, Mill Hall PA 17751-9510
2017 Annual Season Pass Holder Application / Contract
January 1 – December 31, 2017*

ARE YOU RETIRED??
Consider joining the
Retirement League on
Tuesdays and/or Thursdays
beginning in May.

Name (s) _____

Address _____ Pass Holder #(s) _____

City _____ State _____ Zip+4 _____

Phone _____ email _____

County of Residence _____ (for survey only, not for fees)

<u>Circle</u> ALL that apply Season Pass Fees	<u>Plan A</u> <u>Paid in Full</u> <u>By December 31</u>	<u>Plan B</u> <u>Paid in Full</u> <u>By January 31</u>	<u>Plan C</u> <u>Paid in Full</u> <u>By February 28</u>	<u>Plan D</u> <u>Paid in Full</u> <u>March 1 – May 1</u>	<u>Plan E</u> <u>Six Monthly Payments</u> <u>Dec 1 – May 1</u>
Adult Pass	799.00	860.00	860.00	860.00	144.00 per month (less \$4 in May)
	2 free cart rides	4 free cart rides	2 free cart rides		

Junior Pass 150.00 NA
(Students under eighteen **must** include Birthdate: ___/___/___.) **Parent / Guardian** _____; **daytime phone** _____

College Student Pass 200.00 NA
(College Students to age 25 **must** show current College ID # _____ and proof of age ___.)

Range Club Pass (NO SHARING!! One Bag per visit to Pro Shop) 125.00 NA

Club Storage(Any cart that does not fit in our bag storage will pay the same fee as electric cart storage.)

Regular Bag (only) Storage	75.00
Power Cart and Bag	165.00
Cart and Bag outside	165.00

Locker Fees..... 25.00

**IF YOU REQUIRE A RECEIPT FOR YOUR
PAYMENT, PLEASE PROVIDE A SELF-
ADDRESSED, STAMPED #10 ENVELOPE.**

Rules and Regulations

1. Use of Belles Springs Season Pass is a privilege offered by the Authority to its patrons. Refunds given in accordance with CCRA policies. (See #10 below.)
2. Fourteen (14) day starting times are available. Sign-up on-line at www.bellessprings.com, stop in or give us a call.
3. I will abide by all Belles Springs policies and rules and I will conduct myself in a courteous manner at all times.
4. I will accept the final decision of the Authority concerning all matters of interpretation and implementation of Belles Springs policies.
5. I understand that special tee times for public outings and groups will be established at the discretion of the Management.
6. I understand that all golf carts will abide by the cart rules of the day.
7. The course at Belles Springs is for the enjoyment of all. I will endeavor at all times to care for the conditions at Belles Springs and under no circumstances intentionally inflict damage to the course, grounds, buildings or other property of Belles Springs.
8. By violating any rules of the golf course, I will be subject to disciplinary action, up to and including temporary or permanent suspension of playing privileges.
9. CLINTON COUNTY RECREATIONAL AUTHORITY WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE OF ANY CLUB STORAGE ITEMS OR LOSS OR DAMAGE OF ITEMS STORED IN LOCKERS.
10. Written request for the refund of a paid-in-full Season Pass will be given according to this schedule, **IF approved by the Board:**

Through February	Full Refund	May 20 – June 28	40% Refund
March 1 – April 9	80% Refund	June 29 – August 7	20% Refund
April 10 – May 19	60% Refund	After August 8	No Refund

By signing this application / contract, I hereby agree to the above stated conditions.

Signature: _____ Date: _____