



SEASON PASS FORM

Name(s): _____

Mailing Address: _____

Email: _____ Phone Number: (_____) _____

- SINGLE
- HUSBAND-WIFE
- *FAMILY-1st PERSON
 - 2nd PERSON
 - ADDITIONAL # _____

*Immediate family only. Children under 18.

- SENIOR (over 65 only)
 - WITH SPOUSE
- STUDENT (under 18)

Amount enclosed: _____ Date submitted: ____/____/____

Mail or drop off completed form with payment to:

Lakeside Golf Course
10775 West Lake Road
Ripley, NY 14775

Please call (716) 736-7637 or email info@lakesidegolfny.com with any questions.