

# RESIDENT

## SPRINGFIELD TOWNSHIP GOLF COURSE APPLICATION FOR PLAYING PERMIT

### 2015

I, the undersigned, a resident of Springfield, desire to become a Permit Holder which entitles me to unlimited play on the Springfield Golf Course, between January 1, 2015 thru December 31, 2015 **Monday through Thursday and after 2pm Friday, Saturday, Sunday & Holidays**. If I am accepted, I will abide by all the rules and regulations of said golf course. I further agree that the Township Board of Commissioners and Club Managers reserve the right to terminate my Seasonal Permit for acts, or conduct which are disorderly, injurious or hostile to the objectives of the club, or for falsifying any information required by this application. (The designation, resident, means a full-time bona fide tax paying resident of Springfield Township, visiting or part-time residents are not acceptable.)

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_  
(number & street) (city & state) (zip code)

Day Time Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

### RESIDENT PERMIT

(check group desired)

Specify birth date  
of junior

**JUNIOR** - Fee (12 to 18) \$550.00 per season ( ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ADULT** - Fee (19 & over) \$1050.00 per season ( ) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / **2015**

- Permit(s) may be paid by check, cash or credit card in Golf Shop
- Please make **check payable to Springfield Township** and mail or hand deliver with this form to Springfield Country Club, 400 W. Sproul Rd., Springfield, PA 19064, ATT: Golf Shop
- Payment non-transferable
- Payment non-refundable
- Photo ID required at time of permit play
- Permit Fees for 2015 are due at the time of application submission
- 10% Family Permit discount available at time of application submission
- No Golf Permit pro-rating

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### GOLF-SHOP USE ONLY

\* Proof of Residency :

Driver's License      OR       Auto Registration .

Application processed.

Payment Type (check one) Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Clerk Received Employee # \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / **2015**