

# SENIOR RESIDENT

## SPRINGFIELD TOWNSHIP GOLF COURSE APPLICATION FOR SEASONAL PLAYING PERMIT

### 2015

I, the undersigned, a "Resident" of Springfield, 60 years of age or older, desire to become a Senior Citizen Resident Permit Holder which will permit me to play at Springfield Country Club Monday through Thursday and after 2pm on Friday, Saturday, Sunday & Holidays at reduced Senior Resident golf rates as authorized by the Board of Commissioners. I further agree that the Township Board of Commissioners and Club Managers reserve the right to terminate my Senior Citizen Resident 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 following must be completed in its entirety before it can be submitted for acceptance.**

\* Name (print) \_\_\_\_\_

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

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

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Year Born \_\_\_\_\_

\* Proof of Residence:

Driver's License    **OR**     Auto Registration

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / 2015\_

### GOLF-SHOP USE ONLY

CLERK RECEIVED (print) \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / 2015\_

Application processed.