

150 Gray Street, Warwick, RI 02889 Tel: 401-737-6353 Fax: 401-681-4134 www.HarborLightsRI.com

2024 Golf Season Pass

Name	e(s):		
Street	t Address:		
City: _		State	e: Zip Code:
Phone	e # Email address:		
Marina Slip # (if Slip Holder): Car Registration(s) (for Parking) 1			
Famil	y Member's Names (for Family Passes):		
1	2 3		4
Type (of Pass Requested (Based on Availability)	<u>Annual Fee</u>	Check One
GOLF	Individual Family (2 adults & children under age 20) Senior (62+) Senior Couple (62+) Junior (20-) Slip Holder Individual Slip Holder Family (2 adults & children under age 20) Early Bird (Monday – Friday from 7am – 9am) Driving Range Pass (Includes range balls) All Golf Passes include one (1) Official USGA Handicap	\$ 869.00 \$ 424.00 Program Annual F	
Signat	ture:		
If pay	ing by credit/debit card please complete the following (ple	ease note there is a	3% credit card fee for all cc payments):
Card #	#:	Exp Date:	CVV #:
Name	e on Card:		
Credit Card Authorization Signature:			Date: