



2025 Season Pass

	Non <u>Resident</u>	City <u>Resident</u>
<input type="checkbox"/> Greens Fee Season Pass w/Cart	\$ 2500	\$ 2275
<input type="checkbox"/> Add Spouse	\$ 1675	\$ 1475
<input type="checkbox"/> Greens Fee Only Season Pass	\$ 1475	\$ 1275
<input type="checkbox"/> Add Spouse	\$ 725	\$ 575
<input type="checkbox"/> Junior Greens Fee Only Season Pass (ages 10-17)	\$ 300	\$ 300
<input type="checkbox"/> Range Pass	\$ 325	\$ 325
<input type="checkbox"/> Add ___ @ \$35 Each VSGA GHIN Handicap Fee		\$ _____

See Pro Shop for additional information

Season Passes are **Non-Refundable** and **Non-Transferable**

Full/Partial refunds will not be issued for temporary closures of Heritage Oaks Golf Course

The undersigned individual(s) hereby agrees to abide by the rules, code of conduct, policies and procedures in place at the Heritage Oaks Golf Course and at all properties and facilities under its jurisdiction. Proper golf attire is required. The Dress Code will be posted in the golf course Pro Shop and is available on the Heritage Oaks Golf Course website. Violation of the rules may result in suspension and/or forfeiture of a season pass and any playing privileges.

The undersigned individual understands that a season pass includes greens fee only and does not guarantee a specific tee time. Other services may be purchased separately.

Name _____ DOB _____
 Spouse/Name _____ DOB _____
 Address _____ City _____ Zip _____
 Phone _____ Mobile _____
 Email _____ Referred by _____

Notice: The golfer is responsible for any loss or damage to any article of personal property on or in any area pertaining to Heritage Oaks. I/we hereby release the City of Harrisonburg and Heritage Oaks Golf Course staff from all claims for damages arising from any accidents or injury that are caused by or arise from participation/practice/play. Neither the Heritage Oaks Golf staff, the Heritage Oaks Golf Course, nor the City of Harrisonburg is responsible for any damages that occur to adjacent property.

PLEASE READ THE OTHER SIDE OF THIS FORM BEFORE SIGNING...

Signature of Season Pass Applicant _____ Date _____

Signature of Spouse _____ Date _____

For Office Use:		
Method of Payment: _____	Amount Paid: _____	Date Paid: _____