

Johnson Golf Management, Inc.
PO BOX 1659
Harwich, MA 02645
(774) 408-7661
www.johnsongolfmanagement.com

Indian Meadows Golf Club
275 Turnpike Avenue
Westborough, MA 02332
(508) 836-5460
www.indianmeadowsgolfclub.com

2025 Indian Meadows Season Pass Holder Application

This season pass is valid January 1, 2025 to December 31, 2025. All season pass holders and their guests shall abide by the rules and regulations and by any amendments or modifications. All season pass holders and their guests using the facility must register at the Pro Shop upon arriving at the club. Any season pass holder may be expelled or suspended by JGM. Cause for expulsion or suspension may consist of violation of any club rule. Season passes are non-transferable and non-refundable. Weekday season passes are not valid on weekends. Junior season passes are not valid until after 12 p.m. on weekends.

Type of Season Pass: (all ages are as of 1/1/25)

Junior (7 days a week after 12pm on weekends unless accompanied by adult)	\$475.00
Weekday (Monday- Friday no weekends)	\$800.00
Individual (7 days a week no restrictions)	\$1020.00
Weekday Husband & Wife (Monday- Friday no weekends)	\$1375.00
Husband & Wife (7 days a week no restrictions)	\$1775.00
Family (Husband, Wife, Children over 8 and under 18, 7 days a week no restrictions)	\$2020.00

MGA Handicap now purchased/renewed directly through Mass golf at: www.massgolf.org

First Name: _____ Last Name: _____
DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Email Address: _____
Other Family Members and DOB: _____

I certify that the information provided by me in this application is true and complete. I understand that any falsification or omission by me on this application is grounds for expulsion. I certify that I have read and understand the rules and regulations stated here. Failure to abide by the rules will result in the suspension of season pass.

***Make checks payable to Johnson Golf Management and mail all season passes to:**

**JOHNSON GOLF MANAGEMENT, INC.
PO BOX 1659
HARWICH, MA 02645**

**I fully understand that this season pass is non-refundable and non-transferable
Failure to attend the facility does not constitute a refund.**

SIGNATURE: _____ DATE: _____

Type of Payment: (cash or check for memberships, if paying by credit card add 3%)

Cash: _____ Credit Card#: _____ Exp. Date _____ 3 Digit Code: _____

Check #: _____ Amount: \$ _____ Date Paid: _____