

**Woburn Golf & Ski Authority**  
**Post Office Box 224**  
**Woburn, MA 01801**

WAITING LIST APPLICATION FOR SEASON PASSHOLDERS

(Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address \_\_\_\_\_ Mail Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Pass \_\_\_\_\_ Fee \$25.00 (Non Refundabl)

Date of Birth \_\_\_\_\_ (Complete for Senior or Junior)

Mail to:  
Woburn Golf & Ski Authority  
P.O. Box 224  
Woburn, MA 01801

Fee of \$25,00 is non-refundable.

When selected as Season Passholder \$25.00 will be  
deducted from the rate.