



## **Mountain View Foot Golf**

2575 Mountain View Road  
Hickory, NC 28602

(828) 294-0316

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone-Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone-Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions/Allergies/Special Needs: \_\_\_\_\_

<u>For Office Use Only-</u>	
Family: _____	Individual: _____
Youth: _____	Senior: _____
DATE: _____	Letter: _____
Member ID: _____	
Paid: _____	Confirm # _____

### -Other Members- (Family Membership Only)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*By signing this application you are agreeing to follow all rules and regulations of Mountain View Foot Golf, the AFGL and are agreeing to pay all dues/fees until a written resignation is received by the club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_