



www.SeniorOpenTour.com

To become a Member:

1. Complete the Application. Please Print or Type
2. Fax application to: 386.742.1938
3. Scan and email to: paul@dcigolf.com
or
4. Mail application to:
DCI Golf,
P.O. Box 15428
Brooksville, FL. 34604

Tour Membership Application

- New Member _____ Amateur
 Renewing Member _____ Professional
Calendar Year

Player Name: _____ Age: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (HM) _____ Cell: _____ Shirt Size: _____ Shoe Size: _____
 Email: _____ Glove Size: _____

(Please print & make e-mail address legible)

I hereby apply for annual membership in the Senior Open Tour for the Calendar Year: _____

Amateur Divison - \$55 Annual Dues USGA GHIN Handicap - \$30 Prof. Division - \$55 Annual Dues

*New Members joining in Nov/Dec. will have their first year membership valid through those months & the following year

Handicap Service (GHIN etc): _____ Handicap ID #: _____ Current Index: _____

Club/Organization Issuing Handicap: _____ Verification Ph #: _____

Payment Type*: Visa MC Discover (*A 3.5% convenience fee will be added to all credit card transactions)

Card #: _____ Exp. Date: _____ Code: _____

Name on Card: _____ Signature: _____

I, the undersigned, hereby make application for Membership in the Senior Open Tour. I agree to submit payment of the Annual Membership Dues in advance and agree to abide by all the Rules, Regulations, Policies & Procedures of the Tour as published on the Tour website. I hereby agree to release, indemnify, defend and hold harmless the The Tour/DCI Golf/DeSilva Communications and all it's owners/agents/employees, Sponsors and Partners from any and all liability for damages or injury, whether expressed or implied, that may result from my involvement with The Senior Open Tour.

All correspondence will be sent via e-mail. Please make sure your current e-mail is listed with the Tour at all times.

(SCAN & EMAIL, FAX OR MAIL APPLICATION)

I have reviewed and agree to the Senior Open Tour Rules and Regulations and Polices & Procedures, as listed on the Senior Open Tour website. I agree that there are certain risks inherent in the game of golf and accept personal and sole responsibility for all such risks, including, but not limited to any health-related risks, and do hereby release, All Sponsors, the hosting golf club(s), DCI/DeSilva Communications, Inc. and its officers, directors, members of its staff and employees from any and all liability for any event or consequence whatsoever in any way arising out of or relating to my entry or participation in the Senior Open Tour events. I have examined the Application Form, Policies and the Official Rules and hereby declare that I meet the entry requirements and agree to abide by the Rules and Regulations of the Senior Open Tour. I understand that my annual membership fee is non-refundable.

I wish to compete in the: Professional Div. for Cash Index Div. for Cash Index Div. for Prize Vouchers

Player Signature Date

Your Membership Application will be asknowledged and confirmed via e-mail, upon receipt.

Scan & E-mail Application to: (386)742-1938, or Mail to:

DCI Golf 16150 Aviation Loop, P.O. Box 15428 Brooksville, FL 34604

Phone: (386) 742-6907 Fax: (386) 742-1938 E-mail: paul@DCIGolf.com

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