

**Central Florida Senior Golf Tour  
5424 Strickland Avenue  
Lakeland FL 33812  
863-602-4700**

**2010 Member Application**

**Membership in the Central Florida Senior Golf Tour is open to all male golfers who desire to compete on a highly and equally competitive level and subject to membership guidelines.**

**By signing the application, I \_\_\_\_\_ agree to abide by the Rules and Regulations and Code of Ethics set forth by the Tour.**

**I also assume all risks and save harmless and indemnify the Central Florida Senior Golf Tour, and all its owners, agents, and employees, and host golf club's from and against any and all liability loss and expense arising directly or indirectly from participation in any events, whether or not such liability, loss or expense occurs by reason of damage to property and injury to persons (including death resulting therefrom) and whether or not such damage or injury occurs as a result of negligence of the Central Florida Senior Golf Tour, or the host club, it's employees or agents or any other party or persons.**

**I have enclosed the membership fee of \$250.00 with this application or agree to pay an extra \$75.00 per event.**

**I, \_\_\_\_\_ hereby apply for membership.  
(Please print name)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

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

**Shirt Size:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**(New applicant please enclose copy of driver's license or birth certificate.)**

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please list other tours and/or playing record:**

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