GOLF

RIVERVIEW GOLF CLUB SECURITY INFORMATION FORM

(Please Print Clearly)

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

HOME PHONE _____ OFFICE PHONE _____

EMERGENCY REMARKS (MEDICATION, HEALTH PROBLEMS):

_____

_____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

BIRTH DATE (DD/MM/YY) _____

BIRTH PLACE (CITY, STATE, COUNTRY) _____

HEIGHT (IN INCHES) _____
WEIGHT _____
EYE COLOR _____
HAIR COLOR _____
SEX MALE FEMALE
EMERGENCY CONTACT NAME _____
EMERGENCY CONTACT PHONE # _____

Are you interested in joining our e-mail distribution list? yes no

If so, may we have your e-mail address: _____