MILE HI GOLF CLUB

PO Box 200452, Denver, CO 80220 www.MHSBgolf.org MHSBgolf@comcast.net

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MEMBERSHIP APPLICATION MEMBERSHIP CLASSIFICATIONS PER CALENDAR YEAR (check one) – Please complete one application per person.

\$105 - Individual, (MHGC/WSGA - Handicomp) - (WSGA Handicap index only)
\$140 - Individual, (MHGC/WSGA & CGA/CWGA GHIN #'s - Colorado Golf Assoc/Colorado Women's Golf Assoc)

MEMBERSHIP FEES AFTER 04/01/2018

S115 – Individual, (MHGC/WSGA - Handicomp) – (WSGA Handicap index only)

🔲 \$150 – Individual, (MHGC/WSGA & CGA/CWGA GHIN #'s - Colorado Golf Assoc/Colorado Women's Golf Assoc)

| | (Please Print or Type | (Please Print or Type) Referred By: | | Sy: | | |
|--------------------------|-------------------------------------|-------------------------------------|---|-----------|--|---------|
| Name: | | 1 4 0 7 | | | | |
| | | LAST | FIRST | MI | | |
| Address: | | | | | | |
| City: | | | | State | Zip + 4 | |
| Telephone (ho | ome): | | (work): | | (cell): | |
| E-mail Addres | s: | | | | | |
| Birthday (mon | th/day only) _ | | | Gender (M | or F) | |
| Renewal: | New: | Hand | icomp #: | | GHI | N #: |
| IN CASE OF I | EMERGENCY: | | | | | |
| CONTACT: | | | | PHONE | NO. | |
| CONTACT: | | | | PHONE | NO. | |
| MHSB JUNIO | R GOLFERS (und | ler Age 18 <i>)</i> | | | | |
| Name: | | | GHIN #: | | BD: | Gender: |
| Name: | | | GHIN #: | | BD: | Gender: |
| Name: | | | GHIN #: | | BD: | Gender: |
| Officers/Boa Club Tourna | ard ament Chair rnament Chair | ☐ Hand ☐ Rule | which you wish to licap Chair s/Parliamentarian/Sgt bership Chair aws | | ☐ Jr. Golf Dir ☐ Sponsorsh ☐ Telephone | |
| DELEASE OF | I LADII ITV. L | 1 4 141 4 4 | LIABILITY R | | | ····· |

RELEASE OF LIABILITY: I understand that it is my and my family members' responsibility, when participating in any club event or activity, to do so in a manner, which will not pose a threat to the safety of me and/or family or others. In the event of injury to myself or my family, I hereby release the Mile Hi Golf Club for any liability whatsoever. ______ (Initial)

INDEMNIFICATION: I understand that if I or any member of my family participating in any Mile Hi Golf Club event causes injury, loss or damages to others, I will indemnify Mile Hi Golf and hold it harmless for any judgment holding it liable, plus reasonable and necessary cost and attorney fees to defend against any action resulting from any injuries, losses, or damages caused by me or my family members. ______ (Initial)

FINANCIAL LIABILITY: I understand that as a participant in any club event or activity in which requires payment, the rules of paying for and playing in all tournaments: IF YOU COMMIT TO PLAY -YOU MUST PAY! I understand that I am obligated to pay for any cost or golf fees incurred by Mile Hi Golf Club in reliance on my commitment to play in or attend any Mile Hi Golf Club event. It is further understood that if I commit on behalf of my family members or others, I am responsible for reimbursing Mile Hi Golf Club for any cost or golf fees incurred in reliance on my commitment. If I do not pay before or at the time of the event, I understand that Mile Hi Golf Club will send me an invoice and that I will pay the invoiced amount within seven days of receipt. I further understand that failure to pay timely may result in suspension of membership until payment is made. (Initial)

APPLICANTS SIGNATURE:

Check #: Check Amount: Trea: Date Rec'd:

DATE: