



American Blind Golf Card Registration 2019

Please check one: ___Player ___Coach ___Supporter

Name_____

Address_____

City/State/Zip_____

Home Phone_____ Work_____

Cell_____ Email_____

Date of Birth_____

If you are a Player, list your acuity or field of vision in each eye using best correction. Best correction means with glasses or contacts. Legal blindness is defined as 20/200 or worse in the better eye with best correction, or having a field of vision that is less than 20 degrees in the better eye.

Right Eye_____

Left Eye_____

I certify that the above information is true and accurate. I understand that additional sight verification may be requested prior to participation in specific tournaments.

Signature_____ Date_____

Please mail your form along with your \$20 registration fee to:

American Blind Golf;c/o Bruce Hooper; 1 Towers Park Ln. Unit 1708; San Antonio, TX 78209

Checks must be made payable to: American Blind Golf
Your registration fee is tax deductible in the U.S.