



## American Blind Golf Registration 2017

Please check one: \_\_\_Player \_\_\_Coach \_\_\_Supporter

Name\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Work\_\_\_\_\_

Cell\_\_\_\_\_ Email\_\_\_\_\_

Date of Birth\_\_\_\_\_

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:

Bruce Hooper, 7410 Quail Run Drive, San Antonio, Texas, 78209

Checks must be made payable to: American Blind Golf  
Your registration fee is tax deductible