



**APPLICATION FOR
2024 V.I.P. MEMBERSHIP AT
BELLE RIVER GOLF COURSE (BRGC)**

(VALID FOR THE 2024 OPEN GOLF SEASON)

PERSONAL INFORMATION

NAME: _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# _____

E-MAIL: _____ (Needed for next year member letter)

MEMBERSHIP TYPE _____ (Regular/Senior-60+)

MEMBERSHIP COST: \$ _____

DISCOUNT(S) \$ _____

TOTAL \$ _____

LEAGUE: _____

PLEASE ENSURE ALL AREAS ABOVE ARE FILLED IN

HOLD HARMLESS

I hereby acknowledge that the use of Belle River Golf Course and its Facilities and any privilege or service incident to membership is undertaken with the knowledge of the risk of possible injury. I hereby accept any and all risk of injury to myself, my guests and my family sustained while using Belle River Golf Course and its Facilities or involved in any event or activity incident to membership in the Golf Course. In accepting the risk of injury, I understand that I am relieving Belle River Golf Course, their employees, and affiliates from any and all loss, cost, claims, injury, damage, or liability sustained or incurred by me, my guests, and my family resulting from or arising out of any conduct or event connected with membership in the Golf Course and use of any of Belle River Golf Course Facilities.

Applicant's Signature

Date

Authorized Approving Authority BRGC

Date