

The Villages Priority Membership Enhancement Credit Request

Name: _____ Address: _____

Phone: _____ Resident ID _____

Signature of Applicant: _____

By signing this agreement, I acknowledge the information I have provided from my physician below properly represents my condition and need for my enhancement credit because I was not able to participate in any golf activity while under care for a medical condition. I understand that this policy may change at any time without notification. If policy changes, I will be so advised by golf administration as soon as possible or upon request. I understand that falsification of my condition is abuse of my priority golf privileges and failing to follow the guidelines may result in a review and/or the suspension of my golf privileges.

Physician Approval – Physicians PLEASE READ AND COMPLETE!

A physician's note does not suffice, we need this section completed by the doctor to process a request

In a good faith effort to "do what's right", The Villages Golf and Country Club Administration Office has instituted a policy allowing residents of The Villages who have a medical condition that hinders their ability to play golf for a minimum of **90** consecutive days (or longer) credit. In order to grant this credit, we are seeking your professional opinion that the individual listed below requires membership enhancement credit consideration. We trust your medical opinion and credit will be granted if you feel that their health condition would keep them from playing golf.

In my professional opinion, _____ (**Name of Patient**) was under my care and unable to participate in all golf activity during the following time frames.

Beginning Date _____ (**End Date**) _____

Name of Physician: _____ **Date** _____

Signature of Physician: _____

THIS FORM MUST BE STAMPED OR FAXED FROM THE PHYSICIAN'S OFFICE (WITH FAX LETTERHEAD).
PLEASE FAX TO (352) 751-7720.

FOR ANY QUESTIONS, PLEASE CALL THE COUNTRY CLUB ADMINISTRATION OFFICE AT (352) 753-3396.

FOR OFFICE USE ONLY:

Credit issued: _____ Notes: _____

Approved By: _____

Important: A Separate form is required for each individual that is requesting credit