2009
Minnesota Section
PGA of America
Tournament Eligibility Contract

In order to be eligible to compete in Minnesota Section PGA, Section Conforming, Invitational, Non-Invitational and Special Events (as defined by Article III of the Minnesota Section PGA Tournament Regulations), all PGA Members and Apprentices **must** complete this form and return it to the address listed below, along with payment. **Any member failing to complete this form will not receive event compensation until this is paid in full.**

PGA Members & Apprentices $30.00

I, _____, by completing this form, verify that I have read and will abide by the Minnesota Section PGA Tournament Regulations. Further, I verify that I have read and meet the eligibility standards outlined in Article IV. Section 1 of the Minnesota Section PGA Tournament Regulations. I, the above signed, understand that the Minnesota Section or Host Professional has the right to refuse entry or adjust amateur handicaps as they see fit. The Section or Host Professional cannot refuse professional entry unless the professional does not conform to the provisions set forth by Article IV, Section 1 of the Minnesota Section Tournament regulations.

Further, the Minnesota Section PGA strongly encourages its Members and Apprentices to support those events run by the Section and fellow PGA Members. The Section will not police the tournament commitments made by its Members and Apprentices during each tournament season. All Members and Apprentices must realize that the tournament commitments each individual makes will greatly affect the continued success of the Minnesota Section PGA Tournament Program.

Signed: _____ Mem#: _____ Date: _____

Send signed contract and check for $30.00 to: PGA of America
Attn: SMS Department
100 Avenue of the Champions
Palm Beach Gardens, FL 33418

Or Fax with Credit Card Information to: (561) 624-7625

PAYMENT INFORMATION

Fee: **$30** Payment Type: Check # _____ Visa* _____ MC* _____ AMEX* _____

_____ _____ _____
CARD NUMBER EXP. DATE PRINTED CARDHOLDER NAME

_____ _____ _____
CARDHOLDER SIGNATURE BILLING ZIP BILLING STREET ADDRESS

*By completing the credit card information, the cardholder authorizes the Minnesota Section PGA to charge the appropriate fee to the card provided.

OFFICE USE ONLY Date Processed: _____ By: _____ Payment Approved: Yes No