



\$300 Per Pro (\$600 Per Team)

APPLICATION FOR ENTRY: TEAM CHAMPIONSHIP

We would like to be paired in the 1st round with: Pro 1: _____ Pro 2: _____

Professional #1 _____ **ID:** _____

Championship Tees Senior Tees (50 years and older)
 I would like to attend the Welcome Reception Guest _____
\$30 per guest (Complimentary for Team participants) Guest _____

Section: _____ Current LPGA Classification: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Best Contact #: _____ Shirt Size (Please Check One): Ladies Mens S M L XL

E-Mail: _____

Participation and support from our members in the Pro-Am tournament is crucial to the success of any LPGA event. With this in mind, please complete the following fields:

I will bring a team to participate in the Pro-Am tournament Please pair me with an available Pro-Am Team

I will donate the following item(s) for the Pro-Am Prizes/Silent Auction/Raffle: _____

Professional #2 _____ **ID:** _____

Championship Tees Senior Tees (50 years and older)
 I would like to attend the Welcome Reception Guest _____
\$30 per guest (Complimentary for Team participants) Guest _____

Section: _____ Current LPGA Classification: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Best Contact #: _____ Shirt Size (Please Check One): Ladies Mens S M L XL

E-Mail: _____

Participation and support from our members in the Pro-Am tournament is crucial to the success of any LPGA event. With this in mind, please complete the following fields:

I will bring a team to participate in the Pro-Am tournament Please pair me with an available Pro-Am Team

I will donate the following item(s) for the Pro-Am Prizes/Silent Auction/Raffle: _____

**Please send in your Application for Entry form immediately.
Entries by telephone, e-mail, facsimile will not be accepted.**

Please indicate total fee enclosed \$ _____ \$300 Per Pro (\$600 Per Team)

Check method of payment: Check # _____ payable to **LPGA T&CP Membership** Visa

If paying by credit card, please complete the following:

Credit Card # _____ - _____ - _____ Exp. Date: ____/____

Name as it appears on the card: _____

Authorized Signature: _____

Cardholder Mailing Address: _____

(If different than above)

**Completed entry forms must be received no later than November 30, 2009. Send to LPGA T&CP Team Championship,
Attn: Ashleigh Anderson • 100 International Golf Drive, Daytona Beach, Florida 32124-1092 • Phone: 386-274-6231**