



**Teaching and Club Professionals**

100 International Golf Drive  
Daytona Beach, Florida 32124-1092  
Phone: (386) 274-6200  
Fax: (386) 274-1099

**2010 LPGA Evaluation Site  
REGISTRATION FORM**

Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Current LPGA Classification: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ E-mail: \_\_\_\_\_

*Does the above information reflect a change? (please circle all appropriate):*      Mailing Address      Phone #'s      E-mail

I wish to register for: \_\_\_\_\_  
Code #: \_\_\_\_\_ Facility \_\_\_\_\_ Date: \_\_\_\_\_

Register me for the following:     Teaching     Coaching     Managerial Leadership

Attempt (please check one)


Written Evaluation                       1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>                      Cost                      Amount  
\$150                      \_\_\_\_\_

Practical Evaluation                       1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>                      \$400                      \_\_\_\_\_

**Total Registration Fees**                      \_\_\_\_\_

**Method of Payment:**                      **Minus Prior Credit**                      \_\_\_\_\_

Check                      **Total Fee Enclosed**                      \_\_\_\_\_

  VISA      **If paying by credit card, please complete the following**

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholders mailing address (if different from above) \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Authorized signature \_\_\_\_\_

**I understand and agree to abide by the following:**

- Registration acceptance is based on 1) **eligibility** as required by LPGA T&CP Bylaws, 2) **evaluation cycle**, and 3) **date of receipt**.
- Confirmation of registration acceptance will be sent via email and all payments will be processed upon receipt.
- Schedule notification will be sent via email **5 weeks prior** to the evaluation site date. **DO NOT** make any final travel arrangements until schedule notification is received.
- The evaluation site **may be cancelled** by the LPGA for inclement weather and lack of minimum registration requirements.
- All cancellations must be received in **writing by mail, facsimile or email** at LPGA Headquarters prior to the evaluation site date.
- Cancellations received **3 weeks or less prior to evaluation site date** will incur **100% forfeiture** of total evaluation site fee.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

Refund / Amount: \$ \_\_\_\_\_

Cancellation Penalty: Amount: \$ \_\_\_\_\_

Credit: Date: \_\_\_\_\_

Date: \_\_\_\_\_