



Teaching and Club Professionals

100 International Golf Drive
Daytona Beach, Florida 32124-1092
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2010 LPGA Playing Ability Test Site
REGISTRATION FORM

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone (Work): _____ (Home): _____ E-mail: _____

Date of Birth: _____ Picture ID and proof of DOB required on site

USGA Handicap: _____ Please attach copy of USGA Handicap Card

Please register me for:

Code #: _____ Facility: _____ Date: _____

Playing Ability Test Registration Fee: \$150

Minus Prior Credit: _____

Method of Payment:

Total Fee Enclosed: _____

Check # _____

MasterCard Preferred by the LPGA

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:

- This registration form must be received at LPGA Headquarters on or before the test site deadline date (3 weeks prior to test site date).
All payments will be processed upon receipt.
Registration acceptance is contingent upon eligibility. All participants must prove a handicap of 12 or better.
The test site may be cancelled by the LPGA for inclement weather or lack of minimum registration requirements.
Confirmation notifications will be sent from LPGA Headquarters approximately 2 weeks prior to the test site date. If it not received, check LPGA.com or contact LPGA Headquarters for confirmation.
All cancellations must be received in writing by mail, facsimile or email at LPGA Headquarters prior to the test site date.
Cancellations received 2 weeks or less prior to test site date will incur 100% forfeiture of total test site fee.
No shows or late arrivals on the scheduled test date and time will incur 100% forfeiture of total test site fee.

Signature: _____ Date: _____

For Office Use Only

Refund / Amount: \$ _____
Credit: Date: _____

Cancellation Penalty: Amount: \$ _____
Date: _____