



2014

LPGA Teaching and Club Professional  
Southeast Section Mixed Team Tournament & Pro-Am  
Tara Golf & Country Club – Bradenton, FL  
May 4-5, 2014

# Entry Form

**Professional - \$125**

**Amateurs - \$100**

<b>Player#1:</b>	_____	<b>ID#:</b>	_____
<b>Address:</b>	_____	<b>E-Mail:</b>	_____
<b>City:</b>	_____	<b>State:</b>	_____ <b>Zip:</b> _____
<b>Best Contact#:</b>	_____	<b>LPGA Classification:</b>	_____
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<b>Player#2:</b>	_____	<b>ID#:</b>	_____
<b>Address:</b>	_____	<b>E-Mail:</b>	_____
<b>City:</b>	_____	<b>State:</b>	_____ <b>Zip:</b> _____
<b>Best Contact#:</b>	_____	<b>PGA Classification:</b>	_____
<input type="checkbox"/> <b>Playing from Senior Tees</b> <input type="checkbox"/> <b>We will bring a Pro-Am Team – Please fill out the below information</b> <input type="checkbox"/> <b>We will <u>not</u> be able to bring a Pro-Am Team</b>			

<b>Amateur #1</b>	_____	<b>Handicap Index:</b>	_____	<b>M/F</b>	_____
<b>Company Name:</b>	_____	<b>Title:</b>	_____		
<b>Address:</b>	_____	<b>E-Mail:</b>	_____		
<b>City:</b>	_____	<b>State:</b>	_____	<b>Zip:</b>	_____
<b>Best Contact #:</b>	_____				
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<b>Amateur #2</b>	_____	<b>Handicap Index:</b>	_____	<b>M/F</b>	_____
<b>Company Name:</b>	_____	<b>Title:</b>	_____		
<b>Address:</b>	_____	<b>E-Mail:</b>	_____		
<b>City:</b>	_____	<b>State:</b>	_____	<b>Zip:</b>	_____
<b>Best Contact #:</b>	_____				

**DEADLINE DATE: April 30<sup>th</sup>, 2014**

<b>Please indicate total amount enclosed</b>	\$ _____
Check method of Payment <input type="checkbox"/> Check# _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express If paying by credit card, please complete the following: Credit Card# _____ - _____ - _____ - _____    Exp Date ____/____/____ Authorized Signature: _____ Cardholder Mailing Address: _____ (If different from above)	
By submission of this entry, I understand and agree to abide by the following: Payment for the full entry fee in U.S. funds, made payable to the LPGA T&CP Membership, must be included Payments will be processed upon receipt Any insufficient funds or returned check will incur a fee of 50% of the amount plus a \$25 US bank charge.	
<b>Signature:</b>	_____ <b>Date:</b> _____
<b>Email or Fax registration form with payment to: 386-236-5910 or brittany.daniel@lpga.com</b>	<b>Attn: Brittany Daniel, Ladies Professional Golf Association</b> 100 International Golf Drive Daytona Beach, FL 32124-1082