Teaching and Club Professionals
100 International Golf Drive
Daytona Beach, Florida 32124-1098
Phone: (386) 274-6200
Fax: (386) 274-1099

2013 LPGA Playing Ability Test Site

REGISTRATION FORM

Name: _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

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

USGA Handicap: _____ Please attaché copy of USGA Handicap Card

Please select a test site:

☐ PAT13A **Monday, April 15** LPGA International Daytona Beach, FL	☐ PAT13B **Monday, May 6** Rancho La Quinta La Quinta, CA	☐ PAT13C **Monday, May 6** Arizona Biltmore Phoenix, AZ	☐ PAT13D **Monday, July 2** The Peninsula Club Cornelius, NC	
☐ PAT13E **Monday, September 9** LPGA International Daytona Beach, FL	☐ PAT13F **Monday, Oct. 7, 2013** Champions Golf Course Columbus, OH	☐ PAT13H **Monday, Nov. 12** The Peninsula Club Cornelius, NC	☐ PAT13I **Monday, Dec. 9** Arizona Biltmore Phoenix, AZ	

	Attempt(s) (please check one)				**Cost**
☐ **Playing Ability Test**	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th	$150.00
☐ **I will be bringing a caddy**					

Method of Payment: ❑ Check # _____ ❑ MasterCard ❑ Visa ❑ American Express

Card#: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Cardholders name and mailing address, if different from above: _____

I understand and abide by the following:

Registration Policy

- Registration acceptance is based on **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.
- Playing Ability Test Sites may be cancelled by the LPGA for inclement weather and minimum registration requirements.

Payment Policy

- Payment for the full fee is U.S. funds, made payable to the LPGA T&CP Membership must be included.
- Payments will be processed upon receipt.
- An insufficient funds or returned check will incur 50% of the check amount or credit card charge plus a $25 U.S. bank charge

Cancellation Policy

- All registration **cancellations must be in writing** and submitted to LPGA Headquarters.
- Cancellations received **two weeks or less** from the date of the evaluation site, and no-shows, will **forfeit 100% of the fee.**

Signature: _____ **Date:** _____

Please fax or mail this registration form to:

Ladies Professional Golf Association
ATTN: PAT Site Registration
100 International Golf Drive - Daytona Beach, FL 32124
Fax: 386.274.1099