

PRO-AM REQUEST FORM

Host Professional		
E-mail	Phone	Fax
Host Facility		
	PRO-AM INFORMATION	
Name of Event		
Format		
Type of Pro-Am: □ Open □ Invitationa	ıl □ Senior Other	
EVENT HISTORY		
# of years your facility has hosted	d this event	
Previous year purse size \$		
REQUESTED DATE(S)		
First Choice	Second Choice	
TOURNAMENT AGREEMENT I will treat this agreement as a contract and will conduct the tournament under the current published guidelines of the Northern California PGA Tournament Rules and Regulations as approved by the NCPGA Board of Directors. Enclosed is my non-refundable \$35.00 Sanctioning Fee required to schedule my pro-am.		
approved by the NCPGA Board of Di	rectors.	-
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approved by the NCPGA Board of Die Enclosed is my non-refundable \$35.0	rectors. O Sanctioning Fee required	to schedule my pro-am.
approved by the NCPGA Board of Direction Enclosed is my non-refundable \$35.0 *Make checks payable to: NCPGA Host Professional Signature	rectors. O Sanctioning Fee required	to schedule my pro-am.
approved by the NCPGA Board of Die Enclosed is my non-refundable \$35.0 *Make checks payable to: NCPGA	rectors. O Sanctioning Fee required	to schedule my pro-am. Date