



PGA

Northern California Section

PRO-AM REQUEST FORM

Host Professional _____

E-mail _____ Phone _____ Fax _____

Host Facility _____

PRO-AM INFORMATION

Name of Event _____

Format _____

Type of Pro-Am: Open Invitational Senior Other _____

EVENT HISTORY

_____ # of years your facility has hosted 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.

**Make checks payable to: NCPGA*

Host Professional Signature _____ Date _____

For Office Use Only: _____

Check # _____ Amount \$ _____ Date Rec'd _____ By _____