



PGATM

PGA Recognized Indoor Facility

PLEASE ANSWER ALL QUESTIONS TO AVOID ANY DELAY IN THE PROCESSING OF THIS FORM.

FILL IN THE INFORMATION BELOW

FACILITY NAME _____

FACILITY MAILING ADDRESS _____

CITY/STATE/ZIP _____

FACILITY PHYSICAL ADDRESS _____

CITY/STATE/ZIP _____

COUNTY _____

SECTION _____ CHAPTER _____

FACILITY PHONE (_____) _____ FACILITY FAX (_____) _____

WEB ADDRESS OF FACILITY <http://www>. _____

NATIONAL USE ONLY

Facility # _____ Date Input _____

Type _____ (I) Indoor _____ Input by _____



1. Is the Indoor Facility fully equipped to teach golf? YES NO

2. Is the Indoor Facility large enough to sufficiently handle golf instruction? YES NO

Please Provide Documentation (Questions 3-4)

3. Does the Indoor Facility offer and conduct instruction? YES NO

This form needs to be returned to your Section Office for processing.

By signing this form I understand that "PGA Recognized" can not be used in any promotional, media or advertising materials.

PRINT NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF SECTION OFFICIAL _____ DATE _____

SIGNATURE OF NATIONAL OFFICIAL _____ DATE _____