



# PGA™

## 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 \_\_\_\_\_