



**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 GOLF RANGE <http://www.> \_\_\_\_\_

**NATIONAL USE ONLY**

Facility # \_\_\_\_\_ Date Input \_\_\_\_\_

Type \_\_\_\_\_ (D) Driving Range Input by \_\_\_\_\_



1. Is the Golf Course (U) Under Construction?  YES  NO  
If yes, what is the scheduled date of completion? \_\_\_\_\_
2. Number of Tees? (Minimum of fifteen (15) tees required) \_\_\_\_\_
3. Is the Golf Range fully equipped to teach golf?  YES  NO
4. Does the Golf Range have a minimum of 150 feet of teeing area?  YES  NO
5. Does the Golf Range have depth of at least 600 feet?  YES  NO
6. Does the Golf Range have a building adequate to properly handle the administrative requirements?  YES  NO
7. Is there a Professional available for private and group instruction at the Golf Range?  YES  NO
8. Is the facility operated as a Golf Range?  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 \_\_\_\_\_