



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

FILL IN THE INFORMATION BELOW

GOLF SCHOOL NAME _____

GOLF SCHOOL MAILING ADDRESS _____

CITY/STATE/ZIP _____

GOLF SCHOOL PHYSICAL ADDRESS _____

CITY/STATE/ZIP _____

COUNTY _____

SECTION _____ CHAPTER _____

GOLF SCHOOL PHONE (_____) _____ GOLF SCHOOL FAX (_____) _____

WEB ADDRESS OF GOLF COURSE <http://www.> _____

NATIONAL USE ONLY

Facility # _____ Date Input _____

Type _____ (G) Golf School Input by _____



1. Is this Golf School fully equipped to teach golf? YES NO

2. Does the golf School promote the game of golf? YES NO

Please Provide Documentation (Questions 3-6)

3. Does the Golf School have an official name? YES NO

4. Does the Golf School have written materials to describe its program? YES NO

5. Does the Golf School conduct its programs at PGA Recognized Facilities which can sufficiently handle classes to teach golf? YES NO

6. If so, Name of PGA Recognized Facility: _____

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 _____