



PGA

Northeastern New York Section

Refund Form

Name: _____ ID#: _____

Tournament Withdrew from: _____

Date you notified section office: _____ Date of event: _____

Reason you withdrew from event: Illness Work Situation Amateur Withdrew Family Emergency Other

Explain why you withdrew from this event and why you should receive a refund:

Please print clearly.

Fax this form to:

Section office: (518) 438-8670

Form should be received by section office within seven (10) days of completion of event to be considered.

Signature: _____ Date: _____