



PGA

Illinois Section

Junior Tour

ILLINOIS PGA JUNIOR TOUR TOURNAMENT REFUND REQUEST FORM

Email to: agratic@pgahq.com

NAME _____

EMAIL ADDRESS _____

CELL PHONE _____

TOURNAMENT NAME & DATE FOR WHICH REFUND IS BEING REQUESTED _____

DATE REQUESTED _____

**** Please note: All requests must be submitted within 48 hours of the conclusion of the event for which you are requesting a refund.***

REASON FOR WITHDRAWAL: (please circle one)

Medical/Illness

Family Death

Family Emergency

Other

PLEASE PROVIDE FULL EXPLANATION AND ATTACH ALL SUPPORTING MEDICAL DOCUMENTS WITH THIS FORM

FOR OFFICE USE ONLY:

Date event entered: _____

Refund request granted: YES NO

Refund processed: YES NO

IPGA Staff: _____

Date Processed: _____