



PGA
Southwest Section

TOURNAMENT REFUND REQUEST FORM

FAX TO: 480-443-9006

NAME _____

PGA MEMBER ID #: _____

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.*

Medical/Illness	Family Death
Family Emergency	

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

FOR SECTION USE ONLY:

Date event entered: _____

Refund request granted: YES NO

Refund processed: YES NO

SWPGA Staff: _____

Date Processed: _____