



# PGA

Illinois Section

*Junior Tour*

## ILLINOIS PGA JUNIOR TOUR TOURNAMENT REFUND REQUEST FORM

Email to: [dgattone@pgahq.com](mailto:dgattone@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: \_\_\_\_\_