



## Visiting PGA Professional Request Form

*To Be Completed By The Visiting Professional*

PGA Member Name: \_\_\_\_\_ Member # \_\_\_\_\_

Current Affiliation: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time: \_\_\_\_\_

Hosting Member: \_\_\_\_\_ (*Private Facilities*)

Paying Guests: \_\_\_\_\_ (*Public Facilities*)

*To Be Completed & Returned By The Club Professional Or Their Designate*

Date Approved: \_\_\_\_\_ Time: \_\_\_\_\_

Pro Fee: \_\_\_\_\_ Guest Fee: \_\_\_\_\_ Cart Fee: \_\_\_\_\_

Payment Types Accepted: Cash Debit Credit Reciprocal Host Member Acct

Shorts: Yes No Alcohol Policy: \_\_\_\_\_

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date