



**PGA**  
Southwest Section

# TOURNAMENT REFUND REQUEST FORM

FAX TO: 480-443-9006

NAME \_\_\_\_\_

PGA MEMBER ID # (if applicable): \_\_\_\_\_

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: \_\_\_\_\_