



Doctor's Note Cover Letter

* THIS FORM **MUST BE COMPLETED IN FULL** AND ATTACHED WITH THE OFFICIAL DOCTOR'S NOTE FOR REFUND TO BE CONSIDERED FOR PROCESSING.

Name: _____

Email: _____

Phone: _____

Tournament Name: _____ Date: _____

Tournament Name: _____ Date: _____

* DOCTOR'S NOTE MUST BE RECEIVED WITHIN **1 WEEK** OF TOURNAMENT TO **RECEIVE A 50% REFUND**.

Send both cover letter and Doctor's note to **Amberlynn Dorsey**

Fax: Attention to **Amberlynn Dorsey** (951) 331-4701 **OR** **Email:** adorsey@pgahq.com

3333 Concours Street, Bldg. 2, Ste 2100 - Ontario, CA 91764 - (951) 845-4653