



## 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 **Tyler Miller**.

**Fax:** Attention to Tyler Miller   **OR**   **Email:** tamiller@pgahq.com

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