



Doctors Note Cover Letter

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

Name: _____

Email: _____

Phone: _____

Tournament Name: _____ Date: _____

Tournament Name: _____ Date: _____

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

Send both cover letter and Doctors note to **Hannah Facchini**.

Fax: Attention to Hannah Facchini **OR** **Email:** hfacchini@pgahq.com

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