

## JDT Application for Players Tour

NAME:	
DATE OF BIRTH:	
CURRENT JDT DIVISION:	
JDT Member ha	met the criteria by posting 6 JDT rounds at 6-over par or
EVENT/DATE	better within a calendar year.
1.	365.112
2.	
3.	
4.	
5.	
6.	
issued a full refund. Your credit card inj	full refund for any JDT events you are currently signed up for. You must call the office to be ormation is required for the difference in membership fees from JDT to Players Tour. IF a f their first 5 tournaments on the Players Tour, they will be asked to move back to the JDT
Credit Card Number	Exp. Date
Security Code	(3 or 4 digit code on the card)
Name on Card	
Billing Address of Credit	Card
Signature	
I hereby approve the applica	t to participate in the Players Tour and authorize the membership
charge to the credit card sup	lied.

Please email this form to our JDT staff members Eddie Rodarte and Hannah Facchini at <a href="mailto:scpgajuniortour@bluegolf.com">scpgajuniortour@bluegolf.com</a>.