

IGTA Tournament Reservation Form

Please print and use the following form to register for any Tournament or Membership.

Name: _____ **Tournament Date** _____

Address: _____

City: _____

State: Zip: _____

Social Security: _____

Date of Birth: _____

Evening Phone: Tournament Date _____

Day Phone: _____

Email: @ _____

Fax: _____

Home Course: City Handicap Index _____

**Six certified Score Cards or Handicap History(Check one) Index required if player is registered.
(Handicap info must be provided 1 week prior to first event. False handicaps are fraud and may be prosecuted)**

Golf Reference #1 Phone: _____

Golf Reference #2 Phone: _____

Payment enclosed for:

- \$ \$195 IGTA Tour Membership Fee. (annual) (3) Monthly Payments on the 15th
- \$ \$100 Reservation Fee for each Tournament entered. (only refundable 30 days before event)
- \$ \$95 NIT Membership Fee to play in an IGTA NIT Qualifier Only. (annual)

\$ Total. Enclosed is my: Check Money Order Credit Card (3% fee) PayPal Entry

Credit Card # Exp. Date _____

**Due to Course & Purse commitments Entries Non-cancelable after Sunday prior to event.
Signature Date** _____

Make all funds payable to: IGTA

mail to: P O Box 12342 Brooksville, Florida 34601

Email to: igtatour@hotmail.com

For more information call our tour office at 239-297-1488.

IGTA Tour, LLC.

