



PGA™

PGA Recognized Golf Range

PLEASE ANSWER ALL QUESTIONS TO AVOID ANY DELAY IN THE PROCESSING OF THIS FORM.

FILL IN THE INFORMATION BELOW

FACILITY NAME _____

FACILITY MAILING ADDRESS _____

CITY/STATE/ZIP _____

FACILITY PHYSICAL ADDRESS _____

CITY/STATE/ZIP _____

COUNTY _____

SECTION _____ CHAPTER _____

FACILITY PHONE (_____) _____ FACILITY FAX (_____) _____

WEB ADDRESS OF GOLF RANGE <http://www>. _____

NATIONAL USE ONLY

Facility # _____ Date Input _____

Type _____ (D) Driving Range Input by _____



- 1. Is the Golf Rourse (U) Under Construction? YES NO
If yes, what is the scheduled date of completion? _____
- 2. Number of Tees? (Minimum of fifteen (15) tees required) _____
- 3. Is the Golf Range fully equipped to teach golf? YES NO
- 4. Does the Golf Range have a minimum of 150 feet of teeing area? YES NO
- 5. Does the Golf Range have depth of at least 600 feet? YES NO
- 6. Does the Golf Range have a building adequate to properly handle the administrative requirements? YES NO
- 7. Is there a Professional available for private and group instruction at the Golf Range? YES NO
- 8. Is the facility operated as a Golf Range? YES NO

This form needs to be returned to your Section Office for processing.

By signing this form I understand that "PGA Recognized" can not be used in any promotional, media or advertising materials.

PRINT NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF SECTION OFFICIAL _____ DATE _____

SIGNATURE OF NATIONAL OFFICIAL _____ DATE _____