

Pacific Senior Golf Association - Guest Application www.psga.net

Tournament to which the guest wishes to attend _____

Name: _____ Name: _____ Name: _____
Last Man's first Women's first

Address: _____
Street City State Zip

Phone # _____ Email address: _____

Date of Birth: Man's _____ Women's _____

GHIN or equiv. # Man's _____ Women's _____

Guest of : _____ Guest Club Affiliation _____

Please complete and return with a Tournament Application Form and Remittance to:-
PSGA, PO Box 41218, San Jose, CA 95160-1218 PHONE: (408) 205-0836