



Please provide the following information so we can establish your record in the PBCJGA database and so that you receive important updated information about our program.

Please mail to PBCJGA, 9155 Perth Rd. Lake Worth Fl. 33467

APPLICATION FOR MEMBERSHIP

NAME _____ AMOUNT PD _____
ADDRESS _____ CHECK _____
CITY _____ ZIP _____ CASH _____
PHONE _____ BIRTHDATE _____ **Shirt Size** _____
Email address (REQUIRED) _____ AGE _____ MALE _____ FEMALE _____

Select one: CHAMPIONSHIP DIVISION AGES 12 – 18 BOYS AND GIRLS 9 & 18 HOLES **\$250** _____
EXECUTIVE DIVISION 11 & UNDER 9 HOLES **\$175** _____
COLLEGE TOUR **\$250** _____

(\$40.00 PER EVENT / \$75.00 FOR 2-DAY EVENTS)

IF CHAMPIONSHIP DIVISION, HANDICAP FOR 18 HOLES _____ TOTAL YARDAGE PLAYED _____
DO YOU PLAY ON A HIGH SCHOOL TEAM? _____ WHAT HIGH SCHOOL? _____
IF EXECUTIVE DIVISION, HOME COURSE PLAYED _____
AVERAGE SCORE FOR 9 HOLES _____ TOTAL YARDAGE PLAYED _____

**DEDUCT \$25 OFF OF THE ABOVE PRICE FOR ANY DIVISION WHEN A PARENT OR GUARDIAN
VOLUNTEERS FOR AT LEAST ONE EVENT!
TAKE AN ADDITIONAL 10% OFF OF SECOND CHILD**

Enclosed is my membership fee (\$250 for the Championship Division & College Tour or \$175 for the Executive Division), which includes a JGA shirt and awards banquet.

Parent's Signature

Applicant's Signature

Date