2009 PGA Minority Collegiate Golf Championship
Playing Ability Test Intent Form

I wish to take the PGA Playing Ability Test to be eligible for the PGA/Professional Golf Management Accelerated Program. I understand that the Playing Ability Test has two year validity.

Name: SSN:

Phone Number: Birthday:

Email:

Mailing Address:

_____ _____

Signature Date

* This form must be received by The PGA of America, no later than the close of business on Wednesday April 8, 2009.

You may fax to (561) 624-7625 or mail to:
PGA of America
c/o Tom Brawley
100 Avenue of the Champions
Palm Beach Gardens, FL 33418