



THE PROFESSIONAL GOLFERS ASSOCIATION OF SOUTH AFRICA

RELEASE FORM

As a PGA member I hereby request a release from.....Tournament
to take part in theTournament, held at
..... from (date) to (Date).....

N.B -Applications for Release must be received by the PGA Offices 14 days BEFORE the date of the event

SURNAME:

FIRST NAME:

CELL NO:

EMAIL:

Signature of Member: _____

Date: _____

Approved Signature: _____

Date: _____