



**PACIFIC NORTHWEST GOLF ASSOCIATION MEMBER CLUB
2015 TOURNAMENT SCHEDULE**



NAME OF CLUB: _____
(Please print the full name)

CITY: _____ STATE/PROVINCE: _____

PHONE NUMBER: _____ WEBSITE: _____

TOURNAMENT CHAIRPERSON: _____

EMAIL ADDRESS: _____

****PLEASE PRINT CLEARLY****

Dates (Month/Day): _____ Tournament Name: _____

Additional Information: _____

Men's Women's Mixed
(Circle one)

Dates (Month/Day): _____ Tournament Name: _____

Additional Information: _____

Men's Women's Mixed
(Circle one)

Dates (Month/Day): _____ Tournament Name: _____

Additional Information: _____

Men's Women's Mixed
(Circle one)

Dates (Month/Day): _____ Tournament Name: _____

Additional Information: _____

Men's Women's Mixed
(Circle one)

Dates (Month/Day): _____ Tournament Name: _____

Additional Information: _____

Men's Women's Mixed
(Circle one)

****PLEASE PRINT CLEARLY****

PLEASE RETURN TO THE PNGA OFFICE BY **JANUARY 30, 2015**

1010 SOUTH 336TH STREET, SUITE 310

FEDERAL WAY, WASHINGTON 98003

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