



FOR OFFICE USE ONLY

Education \_\_\_\_\_

NO Level Completed \_\_\_\_\_

**PRE-ASSOCIATE REGISTRATION FORM**

Personal Information

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone or Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Employment Verification

Name of Employer \_\_\_\_\_

Name of Club /Course \_\_\_\_\_

Employed 36 or more hours per week **YES NO** Date Started \_\_\_\_\_

Playing Ability Test Passed? **Yes (Date)** \_\_\_\_\_ **OR Not Passed** \_\_\_\_\_

I have read and understand the playing requirements for the tournament season.

Signature of Pre-Associate \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employer or Club Official \_\_\_\_\_ Date \_\_\_\_\_