



PGA
Kentucky Section

2015 Vendor's Circle Commitment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Info

Office: _____

Mobile: _____

Fax: _____

E-Mail: _____

Company or Companies Represented:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

PAYMENT INFORMATION - \$250

Please check one:

_____ Plan to be a 2015 Business Partner

_____ Check enclosed (payable to Kentucky PGA)

_____ Please invoice me

_____ Please post charges to my (please circle): Visa Mastercard Am. Express

Card #: _____ Expires: _____ CID: _____

Signature: _____

**Please Submit By
January 30, 2015**

PLEASE RETURN FORM

FAX: (502) 243-9266 | Email: bcoomer@kygolf.org