

Fill out the information below to reserve your spot on the 2008 Golfers' Warehouse Tour  
**DEADLINE: JUNE 13, 2008**

Please mail registration to Horgan Heath, 11 Touro St. Newport, RI 02840 – 401-619-1100

Membership (check one):

- |  |                       |
|--|-----------------------|
| _____ Full Season (\$750 membership plus five tournaments) | \$4500 enclosed       |
| _____ Membership \$750                                     | \$750 enclosed        |
| _____ Individual Event \$750 ( <i>member</i> )             | \$750 enclosed        |
| _____ Individual Event \$1050 ( <i>non-member</i> )        | \$1050 enclosed       |
| _____ Multiple Events \$1050 x _____ events                | _____ Amount Enclosed |

*\$4500 Q School Bonus to top two players who are Golfers' Warehouse Tour members and play in a minimum of four events*

Method of Payment: Check # \_\_\_\_\_ MC/Visa\* # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholders Name \_\_\_\_\_, Cardholders signature \_\_\_\_\_

**PLAYER INFORMATION**

NAME: \_\_\_\_\_ SS # OR TAX ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**PLAYER PROFILE**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ Hometown: \_\_\_\_\_

MARRIED / SINGLE (circle one) WIFE'S NAME: \_\_\_\_\_ CHILDREN: \_\_\_\_\_

HOMETOWN NEWSPAPER: \_\_\_\_\_ COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

GOLF CLUB AFFILIATION (current or past): \_\_\_\_\_ YEAR TURNED PRO: \_\_\_\_\_ COACH/PRO: \_\_\_\_\_

OTHER INTERESTS: \_\_\_\_\_

CAREER HIGHLIGHTS: \_\_\_\_\_

LOW ROUND PROFESSIONAL: \_\_\_\_\_ when and where: \_\_\_\_\_

HAVE YOU PARTICIPATED IN PGA QUALIFYING SCHOOL? \_\_\_\_\_ IF YES, WHEN: \_\_\_\_\_

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EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**TOUR Withdrawal Policies**

After June 1<sup>st</sup> players may no longer withdraw and must sell events.

By signing below you are agreeing to the payment schedule and rules of the Tour.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Membership application will not be accepted without Player Agreement, and form of payment.  
You will receive a membership confirmation by email.*

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Newport, RI 02840  
401-619-1100