



2016 MAPGA Fall Junior League Registration Form

Facility:	
PGA Professional:	Phone:()
Email:	
Additional MAPGA Fall Junior League Representative (optional):	
Name:	Phone:()
Address:	
City:State:Zip:	
Email:	
Please send a check made payable to MAPGA in the amount of \$15 information below to pay by credit card.	0.00^* per team at this time or fill in the
V/MC/AX	Exp
Name	Signature
	Billing Zip Code

RETURN THIS FORM WITH PAYMENT TO THE ADDRESS BELOW BY Aug. 5, 2016

MAPGA Fall Junior League
Middle Atlantic PGA
1 PGA Drive
Stafford, VA 22554

Fax: 540-720-7076

^{* \$100} administrative fee will cover the final four teams expenses and prizes at the Championship