

CGA

Coverage Guarantee Association

Request/Application for Putting Coverage

Applications are available on our website www.cgainc.com

Please complete and fax to CGA, Inc., at **574-271-1747** for your quote/contract...

*For questions please call 1-800-242-7789.

-Please fill in form completely; uncompleted forms will result in delayed quotations.

1. Contact Person: (Name) _____

2. Name of Organization: _____

3. Address: _____

City: _____ State: _____ Zip: _____

4. Phone #: _____ Toll Free: _____

5. Fax #: _____ Email: _____

6. I would like the necessary paperwork sent to me via: FAX EMAIL MAIL

7. Tournament Chairman: _____

Phone #: _____ Fax #: _____

8. How did you hear about CGA? _____

9. Do you know of anyone else who could benefit from our services?

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

10. Tournament Date(s): _____

*Day(s) of Coverage

11. Tournament Title (or benefit of): _____

12. Golf Course (Name): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

13. Prize Value(s): _____

Description(s): _____

14. Number of Participants: Amateurs: _____ Pros: _____ (Club or Touring)

15. Distance: _____

16. Will Putt be taken from:
(Please mark one)

Putting Green

Hole: # _____

Other (Describe): _____

Fax to: 574-271-1747

****Make copies for future use****