



GATEWAY PRO TOUR

2010 Gateway Q-School Challenge Application

APPLICATION INSTRUCTIONS: Please read these instructions carefully before completing the application form.

- 1. Complete the entire application, making sure all applicable information is included. Please type or print.
2. A minimum deposit of \$500 deposit is required for all applicants.
3. Send the application with payment to Gateway Pro Tour Office. Applications are accepted on a first come, first serve basis.

Enrollment:

Name: (Last) (First) (Middle Initial)

Mailing Address: Apt/Ste:

City: State: Zip:

Home Phone: () Cell Phone: () Fax: ()

Email Address:

Emergency Contact Person: Phone: ()

Club Affiliation: Phone: () Email:

Date of Birth: U.S. Social Security Number #: Check this box if you don't have a U.S. Social Security Number (SSN)

According to IRS regulations, Gateway Pro Tour is required to withhold 30% of all earnings for players not providing the Tour with a valid U.S. SSN.

Q-School Challenge Fee Schedule:

Cost: \$5000
Refunds: Deposits are fully refundable until August 25, 2010. Full refunds will be issued to players receiving PGA or Nationwide Tour status.

Please mail, email or fax:

- 1. Completed Gateway Pro Tour Application
2. Payment (credit card or cashier's check/money order ONLY) No personal checks accepted

To:

Gateway Pro Tour Office Phone: (480) 247-7559 For entry status and payment questions
7373 E. Doubletree Ranch Road Office Fax: (480) 656-5634 please contact the Gateway Pro Tour office
Suite 227 Email: info@gatewayprotour.com
Scottsdale, AZ 85258

I, the undersigned, hereby submit my Application for the Gateway Pro Tour. I agree at all times to comply with all Tour Rules and Regulations as adopted by the Tour. I understand my application is subject to acceptance or rejection by the Tour, at its sole discretion, at any time. I agree to the aforementioned deadlines regarding payments due to the Tour.

Signature: Date:



GATEWAY PRO TOUR

CREDIT CARD AUTHORIZATION FORM

Name as it Appears on Card: _____

Credit Card Number: _____ Sec# _____

Expiration Date: _____ Type: Visa MC Amex

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Payment for: _____
Please reference player name and/or event(s)

I hereby authorize Gateway Pro Tour to charge my credit card in the amount of

\$ _____

I understand and agree that an additional 3% transaction fee will be applied to the amount I have authorized above.

Signature _____ Date _____

Please complete all information on this form and mail, email or fax to:

Gateway Pro Tour
7373 E. Doubletree Ranch Rd.
Suite 227
Scottsdale, AZ 85258

Office Phone: (480) 247-7559
Office Fax: (480) 656-5634
Email: info@gatewayprotour.com

For entry status and payment questions
please contact the Gateway Pro Tour office