

CJGA Tournament Withdrawal Form

PLAYER INFORMATION (Please Print Clearly)

Date _____

Last Name: _____ First Name _____

Address: _____ City _____ Prov/State _____

Postal/Zip Code: _____ Country _____ Home Phone # _____

Birth Date: (yyyy/mm/dd) _____ Gender: _____ Player's E-mail: _____

Before withdrawing, participants should be aware of the ["CJGA Tournament Withdrawal Policy"](#) on the CJGA Website. Participants who still wish to withdraw must completely fill out and send in the "CJGA Tournament Withdrawal Form" to the CJGA National Head Office by fax (905-947-9734) or e-mail (info@cjga.com) 72 hours prior to the first day of the event. Upon review of the participant's request, the CJGA may issue a credit to the participant's account less the appropriate administration fee as outlined in the "CJGA Tournament Withdrawal Policy".

Event requested to be withdrawn from

Event Code	Date of Tournament	Name of Tournament	Entry Fee

Reason for Withdrawal from Tournament

MY PREFERENCE WOULD BE IF WITHDRAWAL APPROVED (Please check one box only)

- Please credit my CJGA member account less the Administration Fee. I understand that credits must be used within 1 YEAR from the date of issue of the withdrawal or the credit expires.
- Please apply the credit to the following tournament and charge my credit card the difference. I am aware that an Administration Fee has been charged for this change.

Event Code	Date of Tournament	Name of Tournament	Entry Fee

PLEASE COMPLETE PAYMENT INFORMATION BELOW

Please check method of payment: (If using credit card, complete the information required below.)

- Money Order Cheque Visa Mastercard American Express

Card Number: _____ Expiry Date: _____

Cardholder's Name (Please Print): _____ Cardholder's Signature: _____

By signing this application for, I, the participant and I, the parent/legal guardian, agree to abide by any regulations of this application at all times including the CJGA Rules and Code of Conduct. I, the participant and I, the parent/legal guardian, understand that a credit may or may not be issued upon review of this application. This statement must be signed or the application is invalid.

The Canadian Junior Golf Association is committed to respecting the privacy of our participants/members, their families, friends and our employees by adhering to the privacy principles set forth in the Personal Information Protection and Electronic Documents Act(PIPED). CJGA's Privacy Policy adheres to the ten principles of the PIPED Act, and these principles can be obtained from our offices in written form or it may be found on our website. If you choose to provide personal information to the CJGA, we assume that you consent to the collection, use and disclosure of your personal information as outlined in CJGA's Privacy Policy or otherwise at the time of collection, use or disclosure.

Player's Signature _____ Parent/Legal Guardian's Signature _____ Date _____

Please fax (905-947-9734) or e-mail (info@cjga.com) the "CJGA Tournament Withdrawal Form" including payment if transferring another tournament to: Canadian Junior Golf Association, 39 Riviera Drive, Unit 12, Markham, Ontario L3R 8N4 or call for further information (1-877-508-1069)