



“Play Up” Request form
PLEASE PRINT

Player Name _____

Date of Birth _____

Current age division: _____

Which age division are you requesting to switch to: _____

Reason for Request:

I hereby understand that if permission is granted for my request to play up a division, I must maintain the requirements to remain eligible in this division. I also understand that all player of the year points and championship qualifying earned will be forfeited once I switch divisions and must start over.

Player Signature: _____

Player email _____

Player phone _____

Date _____

Return this request to Scott Hovis, MGA Executive Director - shovis@mogolf.org
or by mail to PO Box 104164, Jefferson City, MO 65110