



PGATM
OF AMERICA

**GOLF
RETIREMENT PLUS**

PGA Professional Name _____

Date _____

PGA # _____

Email _____

Account Name _____

Account Number _____

Account Address _____

City _____

State _____

ZIP _____

I, being the account holder and the person financially responsible for the account listed above, hereby give U.S. Kids Golf authorization to deposit PGA Retirement Plus contributions into the PGAR+ account of the PGA Professional listed above. The contribution amounts are in lieu of the Standard Discount included on the 2024 U.S. Kids Golf Domestic Program.

Account Holder Name _____

Title _____

Account Holder Signature _____

Email completed form to customerservice@uskidsgolf.com

2024 U.S. Kids Golf Domestic Program

Account Type	Previous Year's Order Volume	Standard Discount
Diamond	\$15,000+	8%
Platinum	\$10,000-\$14,999	5%
Gold	\$5,000-\$9,999	3%
Silver	\$1,000-\$4,999	1%
Bronze	\$0-\$999	0%

Shop Online at uskidsgolfpro.com

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