

**Certification Bypass Testing (for Ages 10 & above)**

I, \_\_\_\_\_, hereby state that \_\_\_\_\_  
(Professionals name) (Juniors name)

has participated with me in multiple private golf lessons at \_\_\_\_\_  
(Golf Course Name)

for the past \_\_\_\_\_ years.  
(number of years)

I also attest to the fact that my junior golfer is age 10 or older.

This junior has a basic understanding of rules, safety, etiquette, and awareness of others on the golf course.

Sincerely,

\_\_\_\_\_  
(PGA/LPGA Professional Name/Signature)

\_\_\_\_\_  
(Cell Phone Number)

\_\_\_\_\_  
(Email Address)

Please mail or fax this form to:

Cantigny Golf  
Attn: Emily Burns  
27W270 Mack Road  
Wheaton, IL 60187  
Fax: (630) 260-8285

***The scheduled Certification Testing appointment can be scheduled once the PGA./LPGA Professional has been contacted.***