

TOURNAMENT ENTRY FORM FOR EXISTING MEMBERS

(Annual Membership Fee: \$10)

(\$39 per Tournament and \$..... for Outing)

***** Print Form Below Complete**

then ***Mail the Completed Form*** along with the **Entry FEES** to:

**Senior Golf Association
PO Box 9412
2650 Cleveland Ave NW
Canton, Ohio 44711**

ENTRY FEE WILL BE FORFEITED IF YOU DO NOT PLAY IN A ENTERED TOURNAMENT

**** (Unless cancelled prior to the day of Tournament) – (Medical Emergencies - Cancel anytime)**

Date of Entry: _____ Annual Membership Fee (\$10): _____

****** Total Enclosed: _____**

NAME

Amount Enclosed

Tournament Dates

**Requested Playing
Partners**

- 1.
- 2.
- 3.