

TOURNAMENT ENTRY FORM FOR EXISTING MEMBERS

(Annual Membership Fee: \$10)

(\$40 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.