

# **TOURNAMENT ENTRY FORM FOR EXISTING MEMBERS**

**(Annual Membership Fee: \$10)**

**(\$45 per Tournament and \$..... for Outing)**

**\*\*\*\* All Entry Fees must be received by the Tournament Director \*\*\*\***

**\*\*\*\* 10 DAYS PRIOR TO THE TOURNAMENT \*\*\*\***

**\*\*\* Print Form Below .... Complete ....**

**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**

**Tournament Dates**

**Requested Playing  
Partners**

1.
2.
3.