

# ***TOURNAMENT ENTRY FORM FOR EXISTING MEMBERS***

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

***(\$45 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: \_\_\_\_\_**

<b>NAME</b>	
<b>Amount Enclosed</b>	
<b>Tournament Dates</b>	
<b>Requested Playing Partners</b>	1. 2. 3.