

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: _____**

NAME

Amount Enclosed

Tournament Dates

**Requested Playing
Partners**

1.

2.

3.