

ENTRY FORM FOR NEW MEMBERS

PRINT THIS FORM AND MAIL IT WITH A CHECK FOR MEMBERSHIP AND THE EVENT YOU WANT TO ENTER

SEND ENTRY FORM TO:

SENIOR GOLF ASSOCIATION
PO Box 9412 2650 Cleveland Ave NW
Canton, OH 44711

PLAYERS NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP _____ PHONE# _____

18Hole Hcp _____ E-MAIL ADDRESS _____

* SGA may adjust member's handicap, retroactively, based on 1st Tournament Score.

**(See Announcement Page on SGA Web Site)*

YOUR SPONSOR _____ ** How did you hear about SGA _____

I agree to the Rules set forth by the SGA Board of Directors **(SEE SGA RULES BELOW)**

Yearly Membership Fee \$10 _____ Entry Fee \$40/Tournament _____

TOURNAMENT _____ Date _____

PLAYING PARTNER: (Not Required) _____

SGA TOURNAMENT RULES

I understand and agree that this Entry is subject to approval or rejection, at any time, at the discretion of the SGA Board of Directors. Also, I further agree not to protest any rejection and will not hold the SGA liable for any accident or injury I incur during a Tournament.

All Entry Fees must be received by the Tournament Director **10 days prior to the tournament.**

Your Total Entry Fee must accompany this Entry Form.

You must be a Member of the SGA to enter any Tournament.

Make check payable to the SGA

Membership FEE: \$10 Entry FEE: \$40.00 per Tournament

ENTRY FEE WILL BE FORFEITED IF YOU DO NOT PLAY IN AN ENTERED TOURNAMENT
(Unless cancelled prior to day of tournament)

****** (Medical Emergencies - Cancel Anytime) ******