

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 36762 Canton, OH 44735

PLAYERS NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP _____ PHONE# _____

18Hole Hdcp _____ E-MAIL ADDRESS _____

TOURNAMENT _____ Date _____

YOUR SPONSOR _____ SIGNATURE _____

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

Yearly Membership Fee **\$7** _____

Entry Fee **\$32/Event** _____

PLAYING PARTNER: _____

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.

Make check payable to the SGA

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

Membership FEE: \$7.00 Entry FEE:\$32.00 per Tournament

ENTRY FEE WILL BE FORFEITED IF YOU DO NOT PLAY IN A ENTERED TOURNAMENT
(Except for Medical Emergencies)