

# 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 195 Middlebranch, OH 44652**

PLAYERS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

18Hole Hdcp \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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/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.**

**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 )**