

NEWGA ENTRY

Tournament _____ Tournament Date _____

Name _____ Phone _____

Cell Phone _____ Email _____

Club _____

Partner/s (where applicable) PLEASE SUBMIT ONLY ONE ENTRY WITH ALL NAMES :

Name _____ Club _____

Name _____ Club _____

Name _____ Club _____

Preferred time _____ Earlier / Later (Circle choice)

Senior's Tournament only: Check age bracket as of the 1st day of tournament:

____ 50-54 ____ 55-59 ____ 60-64 ____ 65-69 ____ 70-74 ____ 75 and over

Enclose ALL entry fees for participants listed above.

RETURN ENTRY FORM AND ALL FEES (post marked between opening & closing dates) TO:

NEWGA

P O Box 1464

LATHAM, N.Y. 12110