

C-5**June 20, 2019****Sanctuary****Best Ball/Scramble (Point quota 0 - 17)****2 player teams**

Name:

Name:

Circle preferred Starting Time: Early Middle Late

FULL \$100 MUST ACCOMPANY ENTRY; Mail to: SSGOA, PO Box 5409, Akron OH 44334

ENTRY MUST BE RECEIVED BY THE SATURDAY PRIOR TO THE TOURNAMENT

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C-6**July 11, 2019****Turkeyfoot****Point Quota #3 (Point quota 0 - 17)****2 player teams**

Name:

Name:

Circle preferred Starting Time: Early Middle Late

FULL \$100 MUST ACCOMPANY ENTRY; Mail to: SSGOA, PO Box 5409, Akron OH 44334

ENTRY MUST BE RECEIVED BY THE SATURDAY PRIOR TO THE TOURNAMENT

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C-7**July 25, 2019****Brookledge****Jumble (Point quota 0 - 17)****2 player teams**

Name:

Name:

Circle preferred Starting Time: Early Middle Late

FULL \$100 MUST ACCOMPANY ENTRY; Mail to: SSGOA, PO Box 5409, Akron OH 44334

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C-8**Aug 8, 2019****Mayfair CC****Point Quota #4 (Point quota 0 - 17)****2 player teams**

Name:

Name:

Circle preferred Starting Time: Early Middle Late

FULL \$100 MUST ACCOMPANY ENTRY; Mail to: SSGOA, PO Box 5409, Akron OH 44334

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C-9

Aug. 22, 2019

Sanctuary

Scramble (Point quota 0 -17)

2 player teams

Name:

Name:

Circle preferred Starting Time: Early Middle Late

FULL \$100 MUST ACCOMPANY ENTRY; Mail to: SSGOA, PO Box 5409, Akron OH 44334

ENTRY MUST BE RECEIVED BY THE SATURDAY PRIOR TO THE TOURNAMENT

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C-10

Sep. 5, 2019

Barb. Brookside

Point Quota #5 (Point quota 0 - 17)

2 player teams

Name:

Name:

Circle preferred Starting Time: Early Middle Late

FULL \$100 MUST ACCOMPANY ENTRY; Mail to: SSGOA, PO Box 5409, Akron OH 44334

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C-11

Sep. 26, 2019

Turkeyfoot

Scramble/Banquet (Point quota 0 - 17)

2 player teams

Name:

Name:

Circle preferred Starting Time: Early Middle Late

FULL \$100 MUST ACCOMPANY ENTRY; Mail to: SSGOA, PO Box 5409, Akron OH 44334

ENTRY MUST BE RECEIVED BY THE SATURDAY PRIOR TO THE TOURNAMENT

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2019 - Summit Senior Golf - SSGOA Membership Form

New Member? YES___NO___ Birthdate_____ / _____ / _____ Age_____

Name_____ Phone _____

Email Address* _____

Address* _____

Name of Regular Partner (or "None") _____ Tournament Division_____

NEW MEMBERS: GHIN Index? _____ 18 hole handicap? _____ avg. 18 hole score? _____

NEW MEMBERS: Name of SSGOA member that referred you _____

Make checks payable to SSGOA; mail form and \$50.00 fee to: SSGOA, PO Box 5409, Akron, OH 44334

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NOTE: Enclose a self-addressed, stamped envelope if you want your green fee discount card mailed to you before the beginning of the tournament season.

***Member information is kept confidential and not sold or shared.**