2016 SNEWGA PRESIDENTS CUP SNEWGA CLUB ENTRY FORM

ATTENTION SNEWGA REPS: Mail this form and ALL player checks to Donna Courchaine.

It must be in Donna's hands <u>no later</u> than <u>August 8, 2016</u> (NO EXCEPTIONS)

Entries without checks will <u>not</u> be accepted!

Mail to: Donna Courchaine, 481 Main Street, Wethersfield, CT 06109-1818 Phone: (860) 324-1861, Email: donna.courchaine@cox.net

| Date: | | | Club Name: | | | | |
|---------------------------|--------------------------------------|---|--------------|----------------------|-------|---------------|---|
| SNEWGA Rep Name: | | | | | | | |
| SNEWGA Rep Email Address: | | | | | | | |
| SNEWGA Rep Phone: Home: | | | | | Cell: | | _ |
| # | Notate Team Capt with a "T" | Notate Waitlist willingness Y or N | Player Names | GHIN # (required) | Phone | Email Address | |
| 1 | | | | | | | |
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| 6 | | | | | | | |
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If you need to submit more teams, make another copy of this form.

Be sure to list your teams in order of preference. <u>Space is limited</u>! Those listed first will have priority!