

MSGA CHAMPIONSHIP PLAYERS REGISTRATION

PLAYER INFORMATION

Name:

Date of Birth:

GHIN:

Phone:

Current Street address or PO Box:

City:

State:

ZIP Code:

Alternate phone:

Age today:

EMAIL ADDRESS:

Name of Club:

Your signature:

Amount paid:

Today's date:

\$30 Age 19 or over

Please mail with payment to: Maine State Golf Association

58 Val Halla Road

207-829-3549

Cumberland

Maine

04021

THANK YOU FOR SUPPORTING THE MSGA