



PGA

Northeastern New York Section

NENY PGA EVENT ENTRY FORM

*Please make blank copies of form for repeated use and mail or fax to Section Office.
No phone entries will be accepted.*

Name: _____

Customer ID#: _____

Affiliation: _____

Event Name: _____

Event Date: _____

Entry Fee: \$ _____

Team Member Names	Facility/Affiliation	HDCP index (if applicable)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please make all checks payable to: NENY PGA

Please mail/fax to: (518) 438-8670

Or mail to: NENY PGA; 120 Russell Road, Suite 2; Albany, NY 12205

Card Number # _____ **Ex Date:** _____ / _____

(American Express, MasterCard & Visa accepted)

This is my credit card **Name on card is** _____

Zip Code (of credit card billing address) _____

Signature: _____