

ENTRY FORM

SOS JOHN KLINE SUPER SENIORS CHAMPIONSHIP

Please complete the following information and mail — along with your entry fee of \$395 payable to the Society of Seniors.

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Age on 4/26/10: _____

Guest: Yes (add \$50) No

Shirt Size: _____

Confirmation will be mailed upon receipt of your completed entry.

Mail to:

Society of Seniors

1570 West First Avenue

Columbus, Ohio 43212