Entry Blank for
NORTHEASTERN AMATEUR

NAME	REGULAR	LEGENDS DIVISION AGE 50 & OVER

Club _____ Make checks payable to Greg Walker

Signed _____ Total Enclosed $_____
(must be signed by PGA professional or club manager)

Mail this blank to: Greg Walker
West Bend Country Club
5858 Highway Z
West Bend, WI 53095

ENTRY FEE OF $95 MUST ACCOMPANY APPLICATION – NO EXCEPTIONS