

ENTRY FORM  
JINA'S GYM GOLF TOURNAMENT  
BAR HARBOR GOLF COURSE, TRENTON  
SATURDAY, SEPTEMBER 26, 2009 (RAIN DATE SEPT. 27)  
9:00 A. M. SHOT GUN START

PLAYER #1 HANDICAP (\_\_\_\_) OR I SHOOT: 70-80 \_\_\_ 80-90 \_\_\_ 90-100 \_\_\_ OTHER \_\_\_

NAME: \_\_\_\_\_ email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Fax: \_\_\_\_\_ tee size \_\_\_\_\_

CO. NAME \_\_\_\_\_ PHONE: \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

PLAYER #2 HANDICAP (\_\_\_\_) OR I SHOOT: 70-80 \_\_\_ 80-90 \_\_\_ 90-100 \_\_\_ OTHER \_\_\_

NAME: \_\_\_\_\_ email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Fax: \_\_\_\_\_ tee size \_\_\_\_\_

CO. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

PLAYER #3 HANDICAP (\_\_\_\_) OR I SHOOT: 70-80 \_\_\_ 80-90 \_\_\_ 90-100 \_\_\_ OTHER \_\_\_

NAME \_\_\_\_\_ email \_\_\_\_\_

ADDRESS \_\_\_\_\_ tee size \_\_\_\_\_

CO. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

PLAYER #4 HANDICAP(\_\_\_\_) OR I SHOOT: 70-80 \_\_\_ 80-90 \_\_\_ 90-100 \_\_\_ OTHER: \_\_\_\_\_

NAME \_\_\_\_\_ email \_\_\_\_\_

ADDRESS \_\_\_\_\_ Fax: \_\_\_\_\_ tee size \_\_\_\_\_

CO. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

Entry Fee \$260 per team (4) or \$65 per person (\$45 tax deductible)  
You may enter as a single player and your name will be added to a team.  
Checks payable to: **JINA'S GYM, INC., GOLF**  
**mail to: Bill Neleski, 450 Lamoine Beach Rd., Lamoine, ME 04605**  
**tel. & fax: 207-667-8824 or email: [eski1939@yahoo.com](mailto:eski1939@yahoo.com)**

**Please include your email address and/or phone number.**