



Tournament Entry Form

Event Date: 14 OCTOBER 2025

Course: SAPONA GOLF CLUB

429 Beaver Creek Road
Lexington, NC 2729
(336) 956-6245

Format: Individual scores less handicap

Tee Time: 9:00 a.m. Clubs on cart by 8:30 a.m.

Assembly Time: 8:40 a.m.

Entry Fee: \$45.00

DEADLINE: Signup or Mail Entry Form and check by__08 September 2025

Notes:

Please contact Jim Larocco if you have a credit and wish to play Sapona at 336 675-3128 or email at gjim2424@gmail.com

See www.ASMGA.com for players, pairings, winners, and information regarding changes or cancellation.

I will play SAPONA, my check is enclosed for \$45.00. If you have a credit from past tournaments, please revised your check amount if necessary. My revised check is for _____
Make check out to ASMGA.

Name: _____

Email: _____

Phone #: _____

Mail To: Jim LaRocco 949 Martin Avenue Graham, NC 27253