

GEEZERS ENTRY FORM

NAME _____

AGE ___ M ___ F ___ HDCP ___

ADDRESS _____

PHONE _____ EMAIL _____

PARTNER YES ___ NO ___ (

ENTRY FEE \$200 PER PERSON. MAKE CHECKS
PAYABLE TO THE GEEZERS AND MAIL TO

BOB MCGARRY

345 WINDCHASE DR.

MUNFORD, TN 38058

PARTNER

NAME _____

AGE ___ M ___ F ___ HDCP ___