

GMWGA Tournament Registration Form

Tournament Date: _____

Hosting Club: _____

Starting Time: _____

Handicap Effective Date: _____

Name	GHIN #	Handicap Index
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

No. of Players	Entry Fee	Total Cost	Return fees and form to:
	x \$5.00	=	Hosting Representative:
			Address:

Entering Club:
Club Representative's Name:
Email Address: