

TOURNAMENT

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ GHIN # \_\_\_\_\_ Club \_\_\_\_\_

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Entry card for 4 player, team event.  
All shotgun tournaments will be posted on the website  
Enclose entry fee and send to:  
OSWGA • P.O. Box 597 • Portsmouth, RI 02871

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