

TOURNAMENT

Last name _____ First name _____

Tel: () _____ GHIN # _____ USGA Hdcp. Index _____

Club _____ email _____

FOR TOURAMENTS REQUIRING PARTNERS:

Last name _____ First name _____

Tel: () _____ GHIN # _____ USGA Hdcp. Index _____

CLUB _____ E-mail _____

DATE OF BIRTH MUST BE COMPLETED FOR JR/SR AND SENIOR CHAMPIONSHIP

Your age as of tournament close _____ Date of Birth _____ / _____ / _____

Partner's age as of tournament close _____ Date of Birth _____ / _____ / _____

Enclose entry fee and send to: **OSWGA • P.O. Box 597 • Portsmouth, RI 02871**

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