

# Acoaxet Club Entry Form

Last name \_\_\_\_\_ First name \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ GHIN # \_\_\_\_\_ USGA Hdcp. Index \_\_\_\_\_

Club \_\_\_\_\_ email \_\_\_\_\_

Circle Lunch Choice: Lobster Roll / Steak

Last name \_\_\_\_\_ First name \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ GHIN # \_\_\_\_\_ USGA Hdcp. Index \_\_\_\_\_

Club \_\_\_\_\_ email \_\_\_\_\_

Circle Lunch Choice: Lobster Roll / Steak

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