

2 – Person Entry Form

TOURNAMENT

Last Name _____ First Name _____

GHIN # _____ **OR** Golf Organization Name _____

Tel: () _____ Club _____

E-mail: _____

For Jr/Sr. Tournament Only:

Date of Birth ____/____/____ Age: ____

Last Name _____ First Name _____

GHIN # _____ **OR** Golf Organization Name _____

Tel: () _____ Club _____

E-mail: _____

For Jr/Sr. Tournament Only:

Date of Birth ____/____/____ Age: ____

All tournaments will be posted on the website
Enclose entry fee and send to:
OSWGA • P.O. Box 597 • Portsmouth, RI 02871