

OSWGA 4 Person Entry Form

TOURNAMENT

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

GHIN # \_\_\_\_\_ **OR** Golf Organization Name \_\_\_\_\_

Tel: (        ) \_\_\_\_\_ Club \_\_\_\_\_

E-mail: \_\_\_\_\_

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

GHIN # \_\_\_\_\_ **OR** Golf Organization Name \_\_\_\_\_

Tel: (        ) \_\_\_\_\_ Club \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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Tel: (        ) \_\_\_\_\_ Club \_\_\_\_\_

E-mail: \_\_\_\_\_

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

GHIN # \_\_\_\_\_ **OR** Golf Organization Name \_\_\_\_\_

Tel: (        ) \_\_\_\_\_ Club \_\_\_\_\_

E-mail: \_\_\_\_\_

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