

4 Player (2 Scotch Teams) Entry Form

Scotch Team 1

Last Name _____ First Name _____

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

Tel: () _____ Club _____

Email: _____

Last Name _____ First Name _____

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

Tel: () _____ Club _____

Email: _____

Scotch Team 2

Last Name _____ First Name _____

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

Tel: () _____ Club _____

Email: _____

Last Name _____ First Name _____

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

Tel: () _____ Club _____

Email: _____

Entry card for 4 player, 2 scotch teams event.
All tournaments will be posted on the website
Enclose entry fee and send to:
OSWGA • P.O. Box 597 • Portsmouth, RI 02871