

Single (Medal Play) Entry Form

TOURNAMENT

Last Name _____ First Name _____

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

Tel: () _____ Club _____

E-mail: _____

FOR SENIOR CHAMPIONSHIP 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