



GOLF WESTERN AUSTRALIA (INC)

2024 MEN'S PENNANTS

DIVISION 4

TEAM NOMINATION FORM

CLUB: _____

	FIRST NAME	SURNAME	GA H/C	DAILY H/C
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Res.				

Submitted by: _____

Date: _____

NOTE: Nomination forms to be handed to the Club Official no later than thirty (30) minutes prior to hit off time.