



GOLF WESTERN AUSTRALIA (INC)
2024 MEN'S SENIOR 4BBB PENNANTS
TEAM NOMINATION FORM

DIVISION: _____

CLUB: _____

	FIRST NAME	SURNAME	GA Hcp	Daily Hcp	Combined Daily Hcp
1					
2					
3					
4					
5.					
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.