



**GOLF WESTERN AUSTRALIA (INC)**

**2024 WOMEN'S PENNANTS**

**TEAM NOMINATION FORM**

**WEEKDAY – Handicap Divisions**

**DIVISION:** \_\_\_\_\_

**CLUB:** \_\_\_\_\_

	FIRST NAME	SURNAME	GA Hcp	DAILY Hcp
1.				
2.				
3.				
4.				
5.				
6.				
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.