



GOLF WESTERN AUSTRALIA (INC)

2024 WOMEN'S PENNANTS

TEAM NOMINATION FORM

WEEKEND Division 1

DIVISION: _____

CLUB: _____

	FIRST NAME	SURNAME
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.