



GOLF WESTERN AUSTRALIA (INC)

2024 WOMEN'S PENNANTS

TEAM NOMINATION FORM

WEEKEND – North / South (please delete one)

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.