



GOLF WESTERN AUSTRALIA (INC)

2025 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. | | | | |
| 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.