GOLF ENTRY FORM See Competition Schedule for Entry Deadline Team Name Certified Coach Head Coach e-mail Cell Phone Home Phone Work Phone Preliminary scores MUST be submitted for athlete to be entered in competition. PRELIMINARY GOLF SKILLS SCORES Pitch Name -- Last, First Short Long Chip Iron Wood Shot TOTAL Date of Birth Sex Age in Alphabetical Order by last name Putt Putt Shot Shot **Shot** Male 1 Female 2 Female 3 Female Female 5 Female 6

	○ TEAM PLAY ALTERNATE SHOT ○ INDIVIDUAL 9-HOLE PLAY						
ALL TEAM PLAY ALTERNATE SHOT &/OR INDIVIDUAL 9-HOLE PLAY PAR MUST SUBMIT PRELIMINARY SKILL SCORES & TOTALS FOR THE 6 SKILLS L							
Α	thlete Name		Date of Birth		∫ Male∫ Female	TOTAL (FROM ABOVE)	
Partner Name			Date of Birth			TOTAL (FROM ABOVE)	
Partner Cell Phone #							

Print 2 copies before hitting reset. Keep 1 copy & mail 1 copy to the person listed in the Competition Packet.