

SDCWGA ENTRY FORM

Event at _____
(See Flyer for Details)

Name: _____

Address: _____

Email: _____

City: _____ Zip: _____

Phone: _____ Club: _____

GHIN#: _____

(Partner only if required – see flyer)

Name: _____

Club: _____ GHIN#: _____

Email: _____

(Partner only if required – see flyer)

Name: _____

Club: _____ GHIN#: _____

Email: _____

(Partner only if required – see flyer)

Name: _____

Club: _____ GHIN#: _____

Email: _____

Make check payable to SDCWGA and mail entry to:
SDCWGA
P.O. Box 502786
San Diego, Ca 92150