

TOURNAMENT ENTRY FORM

Toledo District Golf Association
5533 Southwyck Blvd., Suite 204
Toledo, OH 43614

Office Use Only
In TPP: _____
In Acct: _____

NAME OF TOURNAMENT: _____
TOURNAMENT ENTRY FEE (must receive in office to validate this entry): _____
SITE & DATE OF TOURNAMENT: _____

INDIVIDUAL EVENT

Name of Player: _____
Player's Address: _____
Daytime Phone Number: _____
TDGA Club where Player belongs: _____
GHIN Number (if known): _____
Tee-Time Preference (refer to website tournament information): _____
Pairing Preference if available: _____

TWO-PERSON EVENT

Name of Captain: _____
Captain's Address: _____
Captain's Daytime Phone Number: _____
TDGA Club where Captain belongs: _____
Captain's GHIN Number (if known): _____
Name of Partner: _____
Partner's Address: _____
Partner's Daytime Phone Number: _____
TDGA Club where Partner belongs: _____
Partner's GHIN Number (if known): _____
Tee-Time Preference (refer to website tournament information): _____
Pairing Preference if available: _____

FOUR-PERSON EVENT

Name of Captain: _____
Captain's Address: _____
Captain's Daytime Phone Number: _____
TDGA Club where Captain belongs: _____
Captain's GHIN Number (if known): _____
Name of 1ST Partner: _____
TDGA Club where 1ST Partner belongs: _____
1ST Partner's GHIN Number (if known): _____
Name of 2ND Partner: _____
TDGA Club where 2ND Partner belongs: _____
2ND Partner's GHIN Number (if known): _____
Name of 3RD Partner: _____
TDGA Club where 3RD Partner belongs: _____
3RD Partner's GHIN Number (if known): _____
Tee-Time Preference (refer to website tournament information): _____
Pairing Preference if available: _____