

11TH ANNUAL
INTERSTATE HICKORY TOURNAMENT
REGISTRATION FORM

Name: _____
Address: _____
Phone: _____
Email: _____
Handicap: (SOHG) _____ (GHIN) _____
State Represented _____

Playing Partner (36 hole event)

Address: _____
Phone: _____
Email: _____

Handicap: (SOHG) _____ (GHIN) _____

Playing Partner (Couples Scramble)

Address: _____
Phone: _____
Email: _____
Handicap: (SOHG) _____ (GHIN) _____