

2024 INTERCLUB CHALLENGE CUP TEAM NOMINATION FORM

Club:

	First Name	Last Name	H'Cap
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL			

GA HANDICAPS MUST TOTAL 27.2 OR GREATER
HANDICAPS ABOVE '7.9' TO BE COUNTED AS '7.9'

SIGNED BY TEAM MANAGER OR CAPTAIN _____

**THIS FORM MUST BE RETURNED TO THE HOST CLUB OFFICAL
15 MINUTES PRIOR TO THE FIRST TEE TIME**