

WMGA TEAM MATCH CLUB INFORMATION

Club Name: _____

Address: _____

Phone #: _____

Team Captain: _____

Phone #: _____

WMGA Series: _____

Fax: _____

Team Number: _____

Cell: _____

Date of Match: _____

Starting Time: _____

Golf Professional: _____

Phone #: _____

Greens Superintendent: _____

Phone #: _____

Caddie Manager: _____

Starter: _____

Ladies Locker Room: _____

Other: _____

Club Type: Caddie Cart Cart/Forecaddie

Cart Fee: _____

Caddie Fee: _____

Tip included
: _____

Putter Fee: _____

Or Plus
Tip: _____

Dress Code: _____

Thank You Letter to: _____

Club President: _____

Golf Chairman: _____

Any Local Rules not on Scorecard: _____

Cell Phone Policy: _____

Special Notes: _____

Once completed, please scan and email to your Series Captain. Thank you.