



WOMEN'S GOLF ASSOCIATION OF MASSACHUSETTS
ENCOURAGING THE DEVELOPMENT OF WOMEN'S AMATEUR GOLF IN MASSACHUSETTS

OFFICIAL WGAM TOURNAMENT ENTRY FORM

(New England Women's Golf Association Entry Form [click here](#))

Name of Tournament: _____

Day Requested (when applicable): _____ 2nd choice (when applicable): _____

Division Requested (when applicable) _____ Cart/Walk (write one when applicable): _____

First Name: _____ Last Name: _____

GHIN# _____ USGA HDCP Index _____

Telephone: _____ Email address: _____

Notification of tee times will be by email and will be posted on the WGAM website: www.wgam.org

FOR TOURNAMENT REQUIRING PARTNER:

First Name: _____ Last Name: _____

GHIN# _____ USGA HDCP Index _____

Telephone: _____ Email address: _____

Notification of tee times will be by email and will be posted on the WGAM website: www.wgam.org

INSTRUCTIONS:

Enclose ONE check for EACH entry card, made payable to WGAM. Mail to:

*Women's Golf Association of Massachusetts, Inc.
William F. Connell Golf House
300 Arnold Palmer Boulevard
Norton, MA 02766*

Tournament participants agree to hold the WGAM, its agents, servants and employees harmless and free from all claims, demands and liabilities arising out of any loss of damage suffered by said participants in connection with any tournament entered.

The WGAM reserves the right to photograph participants in and at WGAM events. These photographs may be used in conjunction with WGAM promotions including publications and/or the WGAM website.