



TEAM MEMBERS NOMINATION FORM

School Name: _____

Team# 1

1. _____
2. _____
3. _____
4. _____

Scorer (required): _____

Team# 2

1. _____
2. _____
3. _____
4. _____

Scorer (required): _____

TEAM GOLF contact: _____

Signature: _____

Date: _____

Team member nominations must be received 2 weeks before the regional final.