

WVSSAC REGIONAL GOLF ENTRY FORM

School _____ City _____
 Address _____ Zip Code _____ Region No. _____
 School Colors _____ Team Nickname _____
 Name of Home Course _____ Par _____
 Coach's Name _____

Schools, or individuals entering for medalist honors, must have participated in at least six (6) regular season matches.

I certify that the following students are eligible under current eligibility rules of the WVSSAC to represent this high school in the regional golf tournament.

	Name		Ave. 18 Hole Score
<u>Last</u>	<u>First</u>		
1.	_____		_____
2.	_____		_____
3.	_____		_____
4.	_____		_____

The aggregate score of the low three (3) of four (4) team members will be counted for team standings in the regional and state tournament.

Date _____ Signed _____
Principal

Mail or fax **this original** to your regional director. Check **The Interscholastic** for his/her name and address.

CHECK ENTRY FORM CHECK LIST FOR POSTMARK DATE

WVSSAC
2875 Staunton Turnpike
Parkersburg, WV 26104-7219
Fax: 304-428-5431