

Auckland Golf Inc
WOMEN'S TEAM SHEET
BETTY FAESEN

CLUB: **Club ID No:**

Match at:..... **Date:**

Club:_____ **V Club:**_____

PLAYERS NAME:

“Off the Stick”

1. _____
2. _____

“Handicap” Match Play

3. _____
4. _____

NOTE: This form is to be completed in correct playing order and handed to the Host Club representative at least 30 minutes prior to the start of play.

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(to be signed by the Team Captain)

Contact Name: Mobile Ph No: