

WVSSAC REGIONAL GOLF ENTRY FORM

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

Only those schools which have submitted a Fall-Winter Entry Form to the office will be eligible to participate in the tournament.

Schools or individuals who are entering for medalist honors only must have participated in at least six (6) 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
	Last	First	
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The low four (4) scores from the regional tournament will be used to determine state tournament pairings. The aggregate score of the low three (3) of four (4) team members will be counted for team standings in the state tournament.

Date _____ Signed _____
Principal

Mail **this original** to the WVSSAC office. Make one copy and sent 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**