HOLE-IN-ONE REGISTRY VERIFICATION FORM

NAME __________________________________________________ WSGA # ____________________

ADDRESS ___________________________________________________________________________

CITY ______________________________________________ STATE ______ ZIP ________________

PHONE NUMBER (HOME) ______________________________ (WORK) ______________________________

DATE OF HOLE IN ONE (MUST BE BETWEEN APRIL 1 AND OCTOBER 31) ________________________________

GOLF COURSE ___________________________________________________________________________

HOLE NUMBER ______________________________ LENGTH ________________________________

CLUB USED ___________________________________________________________________________

SIGNATURE OF PLAYER ___________________________________________________________________

SIGNATURE OF ATTESTING PLAYER ___________________________________________________________

This needs to be verified by the Golf Professional or Manager.

Form must be complete. If a WSGA number is not available, please list N/A and complete the rest of the form. One person per form. Lists of individuals on a single piece of paper will not be accepted. Signatures must be supplied and verifiable.

******Holes-In-One will be accepted ONLY for the active playing season of April 1- October 31.******

Please send or fax the above information promptly to the WSGA at:

11350 W. Theodore Trecker Way
West Allis, WI 53214
Fax Number: 414-443-0817

Scanned copies may be emailed to info@wsga.org.

I, ____________________________, Golf Professional/Manager, agree to the best of my knowledge (Please Print) the above information is accurate.

Signature______________________________

Please call 414-443-3560 or email info@wsga.org with questions. A PDF copy of this form is available at www.wsga.org on the About the WSGA page.