



WISCONSIN STATE GOLF ASSOCIATION

11350 W. Theodore Trecker Way
West Allis, WI 53214-1135



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 _____

ONE ATTESTING SIGNATURE NEEDED

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. Theo 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 _____