



GSGA

GEORGIA STATE GOLF ASSOCIATION

HOLE-IN-ONE CLUB

Please type or print all information.

NAME	_____	GSGA/GHIN NUMBER	_____
ADDRESS	_____	CITY	_____
		STATE	_____
		ZIP CODE	_____
PHONE NUMBER	_____	EMAIL ADDRESS	_____
SITE OF ACE	_____		
DATE	_____	HOLE #	_____
		PAR	_____
		YARDAGE	_____
WITNESS 1 NAME	_____	WITNESS 2 NAME	_____
WITNESS 3 NAME	_____		
SIGNATURE OF PRO OR MANAGER	_____	TITLE	_____
CLUB TELEPHONE	_____		

FOR GSGA MEMBERS ONLY

Forms without membership numbers will not be processed. Only current year holes-in-one will be processed.

Return completed form to:
Georgia State Golf Association
Attn: Hole-in-One Club
121 Village Parkway, Building 3
Marietta, GA 30067
OR
Fax to: 770.955.1156