

# INTERCLUB PLAYER INFORMATION

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

MATCH DATE: \_\_\_\_\_

HOST CLUB: \_\_\_\_\_

ROSTER Note: Team members 3-8 must be listed in order of Handicap Index (low to high).

	NAME	GHIN USGA HANDICAP INDEX
1.	_____	GROSS
2.	_____	GROSS
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	

VERIFICATION OF HANDICAPS \_\_\_\_\_  
HANDICAP COMMITTEE MEMBER SIGNATURE

VISITING CLUB \_\_\_\_\_

ROSTER Note: Team members 3-8 must be listed in order of Handicap Index (low to high).

	NAME	GHIN USGA HANDICAP INDEX
1.	_____	GROSS
2.	_____	GROSS
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	

VERIFICATION OF HANDICAPS \_\_\_\_\_  
HANDICAP COMMITTEE MEMBER SIGNATURE

**BOTH TEAMS SHOULD EXCHANGE PLAYER ROSTERS 24 HOURS PRIOR TO THE MATCH**