

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	WHS 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	WHS 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