

WELLINGTON GOLF INCORPORATED

Home Links Foursomes

To be played in conjunction with the Nancy MacCormack Memorial Foursomes during the period specified by NZ Golf

Club _____ NZ Course Rating _____
Name _____ Handicap Index _____ Course H'cap _____
Name _____ Handicap Index _____ Course H'cap _____

	<u>Date</u>	<u>Gross</u>	<u>½ Combined</u>	<u>Net</u>	<u>Over/under</u>
			<u>Course h'cap</u>		<u>NZ Course Rating</u>
Rd 1	_____	_____	_____	_____	_____
Rd 2	_____	_____	_____	_____	_____

Signed _____ Hon Secretary
_____ Golf Club

This form to be returned to: **Wellington Golf Incorporated**
PO Box 38 856
Wellington Mail Centre 5045

No later than 7 June