

**DELAWARE INTERSCHOLASTIC ATHLETIC ASSOCIATION
GOLF STATE TOURNAMENT ENTRY FORM**

Please print or type all information. Return to Kathy Franklin by Friday, May 17, 2019.
Fax: (302-657-8366) Email: kfranklin@towerhill.org

SCHOOL: _____

COACH: _____

PLAYER NAME	CELL PHONE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Alternate: _____

Alternate: . _____

Coaches, athletic directors, or administrators must be available to assist with the conduct of the tournament. Each participating school must provide at least one worker each day.

Worker for May 28

Worker for May 29

Name: _____

Name: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____