



**SOUTH CAROLINA GOLF ASSOCIATION**  
**MEMBERS**  
**HOLE-IN-ONE INFORMATION**

**Player's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Club:** \_\_\_\_\_ **Member #:** \_\_\_\_\_

**Course at which  
Hole-in-One was made:** \_\_\_\_\_

**Date of Hole-in-One:** \_\_\_\_\_

**Hole #:** \_\_\_\_\_ **Hole Length:** \_\_\_\_\_

**Witnessed By:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Player's Signature:** \_\_\_\_\_

**Manager/  
Head Professional Signature:** \_\_\_\_\_

Congratulations on your recent accomplishment. We will be sending you a Hole-in-One Certificate. Please complete the above information with the proper signatures and **enclose a copy of the scorecard signed and attested.**

**Mail To: SCGA Hole-in-One, P.O. Box 286, Irmo, SC 29063**