



# GOLF MANITOBA

## HOLE – IN – ONE CERTIFICATE REQUEST

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

TO: Golf Manitoba

FAX #: (204) 925-5731

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

**OUR FAX #: (204) 925-5731      OUR PHONE #: (204) 925-5730**

NUMBER OF COPIES (including covering page): \_\_\_\_\_

Name	_____	Date	_____
Address	_____		
City / Province	_____	Postal Code	_____
Club	_____		
Hole #	_____		
Yardage	_____	Par	_____
Club used	_____		
Verified by	_____		_____
	<i>Club Official only</i>		<i>Title</i>