



# CAROLINAS GOLF ASSOCIATION

## CGAcers Hole-in-One Club Membership Form

The Carolinas Golf Association CGAcers Hole-in-One Club is open to any amateur who is a member in good standing of a club which is a member of the CGA and who makes a verifiable hole-in-one. The "ace" must be made on a golf course which measures at least 3,000 yards for 18 holes during a round of golf that includes at least nine holes. The hole-in one must be witnessed by at least one other person who testifies to the hole-in-one authenticity by signing this form.

The person who makes an "ace" should complete this form and have it signed by all witnesses and the host professional. The "CGAcer" should mail this form to the Carolinas Golf Association, P.O. Box 319, West End, NC 27376, or fax it to 910-673-1001. If possible, please attach a blank scorecard from the course.

If accepted by the CGA, the person who makes a hole-in-one is entitled to a certificate, suitable for framing and will have his/her accomplishment posted on the CGA web site, [www.carolinagolf.org](http://www.carolinagolf.org).

### PLEASE PRINT CLEARLY. ILLEGIBLE FORMS WILL NOT BE PROCESSED.

CGAcer Name: \_\_\_\_\_ Date of Ace: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Circle one: Male Female

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Evening Phone: (\_\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Email address: \_\_\_\_\_

I am a Member of: \_\_\_\_\_  
(Print your home club name)

Golf Course on which hole-in-one was made: \_\_\_\_\_

Course Address: \_\_\_\_\_

Course Phone: (\_\_\_\_\_) \_\_\_\_\_ Golf Professional Name: \_\_\_\_\_  
Area Code

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CGAcer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We verify that the hole-in-one listed below was made on the above date by the signee.** [Only one witness is necessary to verify a hole-in-one. However, all witnesses should sign this form.]

Hole Number: \_\_\_\_\_ Hole Yardage at the time: \_\_\_\_\_ Club Used: \_\_\_\_\_

Witness: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Day Phone: \_\_\_\_\_