

## UIL GOLF - REGIONAL RESULTS

Check One:            Girls                      Boys

Site \_\_\_\_\_ Date \_\_\_\_\_

Conference \_\_\_\_\_ District \_\_\_\_\_ Region \_\_\_\_\_

The regional tournament director will fax (512) 471-6589 and/or email (bdavis@uiltexas.org) the results to the UIL to certify winners. A copy should be kept for your files.

First, second and third place teams and first three medalists not on an advancing team qualify for the state tournament. If a qualified contestant or team cannot participate, then an alternate place winner shall be notified.

Please type or print FULL names of contestants.

Team honors shall be determined by adding the best four scores for each 18 hole round of the five players who enter as a team. The team with the lowest score will be the team winner.

TEAMS:	City and School	Name	1st Score	2nd Score	Total
1	_____	1 _____	_____	_____	
		2 _____	_____	_____	
		3 _____	_____	_____	
		4 _____	_____	_____	
		5 _____	_____	_____	
		Team Scores	_____	_____	_____
2	_____	1 _____	_____	_____	
		2 _____	_____	_____	
		3 _____	_____	_____	
		4 _____	_____	_____	
		5 _____	_____	_____	
		Team Scores	_____	_____	_____

3 _____	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
	4 _____	_____	_____
	5 _____	_____	_____

Team Scores

_____	_____	_____
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4 _____	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
	4 _____	_____	_____
	5 _____	_____	_____

Team Scores

_____	_____	_____
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5 \_\_\_\_\_ (Individual names not needed.)

6 \_\_\_\_\_ (Individual names not needed.)

**MEDALISTS:**

City and School	Name	1st Score	2nd Score	Total
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 \_\_\_\_\_

16 \_\_\_\_\_

17 \_\_\_\_\_

18 \_\_\_\_\_

CERTIFICATION: I hereby certify that I am the district meet director or am acting on his/her behalf and that the above report is true and correct.

Director: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell # \_\_\_\_\_