

PPGS Handicap Verification Form

Course _____

Golf Professional _____ SR (50 and over) _____

Club Affiliation _____

Address _____

Email _____ *Legible Please*

Phone # _____

	Senior Yes/No	Handicap	75% Men 75% Women
Amateur 1 _____	_____	_____	_____
Amateur 2 _____	_____	_____	_____
Amateur 3 _____	_____	_____	_____

I hereby testify that the above handicaps are official and can be verified if necessary by the professional listed. Failure to verify or giving false verification will result in disqualification and loss of playing privileges.

Eligibility is restricted to PGA Members and Apprentices in good standing with the PGA of America. By signing this verification form the professional stipulates that he or she understands these requirements and may forfeit any winnings if it is later determined that they are not met.

Professional Signature

_____ **Date**