



Confirmation of Playing Ability

This form is intended to verify your handicap. In order to have your handicap confirmed, fill out the top portion with your information. After you have completed that, give this form to your local PGA Professional or Golf Coach and have him/her fill out the information at the bottom of this document. When complete, please email this document and any other supporting handicap documents to:

Erika Scott, PGA (escott@business.msstate.edu)

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

USGA GHIN Number: _____

Student Email: _____

Pass PGA Playing Ability Test: Yes No Date of Exam if Passed: _____

By signing this form you are confirming the student has a handicap of eight (8) or less. Please indicate if you are a PGA Professional or High School Golf Coach.

PGA Professional

Golf Coach

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Facility Name: _____ PGA Section: _____

Signature: _____

Student's Estimated Handicap: _____

