

Handicap Request Form

Name _____

Contact telephone number _____

Do you hold a current 10 digit Central Data Base number? Yes/No (Delete as applicable)

If yes please write it here _____

What do you require?

1) New handicap – first award

2) Handicap lost* or suspended (delete as applicable)

* Lost handicap means you have previously had a handicap, but you have not had a handicap in the last six months.

If you have ticked box 2, please answer the following questions:

What was your handicap? _____

At which club & when did you hold that handicap? _____

Have you played golf in the past 12 months? Yes/No (Delete as applicable)

If so, how many rounds? _____

3) Supplementary card(s)

If you have ticked box 3, please give details as to why you are submitting a supplementary card(s)

4) Review of active status (eg following injury etc)

If you have ticked box 4, please give details

If there is any other relevant information you feel the committee should be aware of, please give details on the reverse of this form.

I confirm that the information given on this form is correct to the best of my knowledge.

Signed: _____

Print: _____

Date: _____

Please return this form to a member of the Handicap Committee.

Please be aware of the contents of our handicap policy when applying for a handicap or submitting supplementary cards.