



**University of Maryland Eastern Shore
PGA Golf Management Program
Handicap Verification Form**

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Birth Date _____ USGA Handicap _____

Email Address _____

Student Signature

Date

*Your signature confirms the handicap noted on this form is accurate and true.
Please indicate PGA Professional or High School Golf Coach.*

PGA Professional

High School Golf Coach

(Print Name)

(Print Name)

(Signature) _____
(Date)

(Signature) _____
(Date)

(Name of Golf Course)

(Name of High School)

Phone Number – PGA Professional

Phone Number – High School Golf Coach

Please send via fax or mail to:
Director, PGA Golf Management
University of Maryland Eastern Shore
Old Access and Success Portable 1
Princess Anne, MD 21853
wcdillon@umes.edu
410-651-7790 (Phone)
410-651-8163 (Fax)