



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/GHIN Handicap _____

Email Address _____ Successfully passed the PAT on: ____ / ____ / ____

 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 Program
 University of Maryland Eastern Shore
 Kiah Hall, 2100
 Princess Anne, MD 21853
wcdillon@umes.edu
 410-651-7790 (Phone)
 410-651-8163 (Fax)