



APPLICATION FOR OFFICIAL HANDICAP

Courtesy of Certified Golf Handicap, (630) 980-9100 Fax (630) 980-9195

RENEWAL

NEW

NAME _____
Last Name (Print) First Name Home Phone

ADDRESS _____
Street City & Zip Business Phone

If you are a **new member** list your most recent scores. A minimum of 5 is needed to establish a provisional handicap. If you have an accurate record of all your previous scores and the courses where played, list the last 20 only. The application must be complete. NOTE—If you do not know the course or slope rating, list the name of the course played.

Score **Oldest** _____

Course Rating _____

Slope _____

Score _____ **Newest**

Course Rating _____

Slope _____

Home Club _____ Course Rating _____ Slope Rating _____

Paid \$ _____ Cash Check Date _____ Accepted By _____

Club Official