



PennState



PGA
Golf Management

**The Pennsylvania State University
PGA Golf Management Program
*Handicap Verification Form***

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone 1 _____ Cell Phone 2 _____

Birth Date _____ USGA Handicap _____

If you have already passed the PGA of America's Playing Ability Test, please note the following:

Date Passed: _____ Score: _____ Name of Course: _____

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 email to:
Dr. Burch Wilkes
Director, PGA Golf Management
The Pennsylvania State University
Gbwl04@psu.edu