



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 – Suite 2100
1 College Backbone Road
Princess Anne, MD 21853

ksparks@umes.edu

410-621-1359 (Office)

410-651-8163 (Fax)