



**PennState**



**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**  
**Gbw104@psu.edu**