



MONTHLY HANDICAP RETURN

To be submitted by 12th of each month

This form must be returned at the end of EVERY month to provide the following information:-
(If possible a computer print out of their details should be attached.)

- a) All players on a handicap of 12 or less **(including Juniors)**.
- b) All Junior Girls who are a member of your club, **irrespective of their handicap**.
- c) Complete details for all new Junior Girls who have joined your club

CLUB INFORMATION:		
CLUB:	MONTH:	
GOLF LINK NO:	PAR:	USGA Course Rating:
ADDRESS OF CLUB:		
PHONE:	FAX:	EMAIL:

To be faxed to the District Handicap Manager no later than the 8th day of the month, together with a computer print out of handicap details. (Margaret Bennett – Fax 3829 1161 – Ph: 3829 2622)

ALL PLAYERS - Handicaps 12 and under	EXACT HANDICAP As at / /	PLAYING HANDICAP

ALL JUNIORS – Irrespective of handicap	EXACT HANDICAP As at / /	PLAYING HANDICAP

NEW JUNIOR GIRL ADVICE		
NAME:	D.O.B: / /	
ADDRESS:	Post Code:	
PHONE:	GOLF LINK No:	ID: (Birth Cert / Passport / Visa)
HANDICAP:	HOME CLUB:	PREVIOUS CLUB:
OTHER GOLF MEMBERSHIP: (e.g. GNJGF)		

COMPLETED BY:.....

POSITION:..... TEL:.....