



NEW APPLICANT- RULES AND COMPETITIONS COMMITTEE		
Name:		Date of Birth:
Address:		
City:	State:	Zip:
Business Phone:	Home Phone:	
Email Address:		SCGA #:
Club Affiliation(s):		
Golf Background		
How long have you been playing golf?		
Lowest Handicap Achieved:		When:
Current Handicap:		
Do you have experience playing or administering tournament golf?	YES	NO
If yes, please explain:		
Rules of Golf		
Do you have an interest in learning more about the Rules of Golf and tournament administration?	YES	NO
How would you rate your knowledge of the Rules?		
Weak	Average	Strong

Please return completed Information Sheet to:
 via email: Rules@scga.org
 SCGA ~ 3740 Cahuenga Blvd. ~ Studio City, CA 91604-3502
Your Passion. Our Purpose.
scga.org



Have you ever served as a Rules Official at a golf tournament?	YES	NO
If yes, when and where?		
Have you ever attended a USGA/PGA Rules Seminar?	YES	NO
If yes, how many have you attended?	When last attended:	
Have you ever attended an SCGA Rules Workshop?	YES	NO
If yes, how many?	When last attended:	
Approximately how many days each year are you available to volunteer at tournaments?		
Other Information		
What is your profession?		
Are you retired?	YES	NO
What volunteer positions have you held at your club?		
What are your hobbies and other interests outside of golf?		
What other volunteer work have you done outside of golf?		
Is there anything else you would like to tell us about yourself?		

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