

benefits member clubs will realize by the SCGA's January 2010 change to the GHIN handicap system is the ability for the club to capture the scoring information and run the analysis themselves.

Comparison method

Scores of low handicap players are compared to scores of higher handicap players from the same set of tees. The club collects a

sampling of 200 gross, hole-by-hole scores from players whose course handicap does not exceed an 8 for men (Group A), and another sampling of 200 from players whose course handicap is in the 20 to 28 range (Group B). Scores should be gross and not adjusted for Equitable Stroke Control. Scores for each hole are then averaged for Group A and Group B, and the difference is then determined for each hole by subtracting the average of Group A from the average of Group B. The holes would then be ranked starting with the hole where the biggest difference is between Group A average scores and Group B average scores. Thus showing the number one handicap stroke hole where the bogey golfer needs that additional stroke.

Regression method

Allows the collection of 400 gross scores from players of all handicap levels. Scores need to be gross, not adjusted, and scores must be

provided from the same set of tees and from the same gender golfer. Each hole is evaluated by the score and player's course handicap. See section 17-2b of the USGA Handicap System for calculation instructions.

Analysis

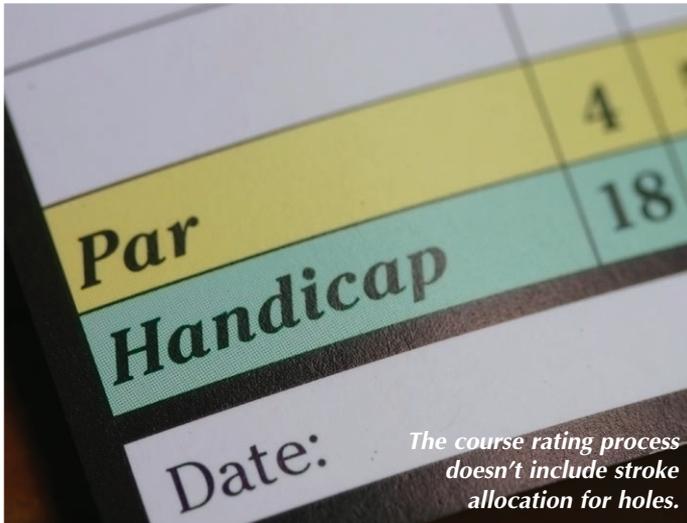
For an 18 hole golf course the USGA recommends that odd-number strokes be placed on the

front nine and even-number strokes on the back (it will equalize the distribution of strokes over the entire course and make matches more equitable). There are some instances, though, where back nine holes are significantly more difficult and the club chose to allocate the even number holes on the front.

It's also important that the club allocate the first stroke in a way to make matches more equitable between players of like ability. This formula should be followed for assigning the first six strokes. However, the club should give consideration to avoiding allocating the low numbered strokes at the end of each nine because you want players who receive strokes to be able to take advantage of them before a match is decided. Furthermore, in the event of a hole-by-hole playoff, the club should consider not placing lower numbered strokes on the first and second holes.

This exercise can create great debates at your club! The club will want to consider looking at the stroke allocation numbers when the course has been re-rated, but it's ultimately the club's responsibility for how those strokes are to be applied on the scorecard. Let the great debate begin! ■

Have a handicap question? E-mail handicap@scga.org



Handicap stroke hole allocation

By Frances Nee

SCGA Director of Handicap and Membership

There's a question that arises frequently: "Why has the SCGA rated hole 5 as the number one handicap stroke hole at our course? Our members all agree that hole 7 plays the hardest." Within that, though, are two misconceptions.

Misconception 1

The SCGA is responsible for handicapping the stroke holes at golf course facilities. While

it's true that the SCGA is mandated by our licensing agreement with the United States Golf Association to rate member courses a minimum of once every 10 years, the SCGA tries to re-rate our courses every seven or eight years. **However, the rating process doesn't include stroke allocation for holes.**

Misconception 2

The hardest hole on the course should be given the number one stroke allocation. The

USGA Handicap System™ is designed to enable golfers of differing abilities to compete on an equitable basis. Because of this, stroke allocation should be looked at in terms of two golfers competing in a net match play event. **The number one handicap stroke hole should be assigned to the hole where the bogey golfer needs the additional stroke in order to halve the hole with the scratch golfer.** Ultimately, at the end of 18 holes, the match should be all square. Par is irrelevant in this exercise as it's not an effective indicator of a need for a stroke.

So how does the club determine where the strokes should be allocated? Section 17 of the USGA Handicap System offers two methods by which a course can apply stroke allocation to their golf holes. It can be a time consuming and mathematically challenging process if done by hand, but one of the