



CHANGE OF HANDICAP CHAIR

Club Name: _____

Club Code: _____

Current Handicap Chair's Name: _____ GHIN Number _____

New Handicap Chair Information

Please check here to change mailing address of handicap reports to address listed below.

Please check here to change mailing address of billing invoices to address listed below.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone
Home: _____ Work: _____

Cell: _____

Email Address: _____

SCGA # _____

Date of Certification Class Attended (if available): _____

NOTE: It is required by the USGA that the handicap chair be a member of the club. If the chair is not on the club roster, this signed form authorizes us to add them to the club listed above and applicable fees will apply.

Authorized By: _____

Title: _____

Date: _____