

MAIL - EMAIL

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Confirmation of Playing Ability Form

STUDENT INFORMATION

All students admitted to the UNLV PGA Golf Management Program must show proof of a 12 golfing handicap or lower, or successful completion of the PGA of America Playing Ability Test

STUDENT NAME:					
		(Please P	rint)		
ADDRESS:					
CITY:		STATE:	ZIF	:	
PHONE NUMBER:		HANDICAP:			
"STUDENT" SIGNATURE:		DATE:		ATE:	
EMAIL ADDRESS:		DATE OF BIRTH:			
	PGA PROFESSION	NAL OR GO	LF COACH INF	ORMATION	
Your PGA Golf Profe	ssional or Golf Coach need	ds to fill out the in	nformation and sign	below.	
	you are confirming the hau are a PGA Professional o			be accurate and true.	
Please Circle One:	PGA Golf Professional	PGA #:		Golf Coach	
PGA GOLF PROFESSI	ONAL OR GOLF COACH: _				
		(Please Print Y	our Name)		
SIGNATURE:		DATE:			
	A Professional signature o				

PLEASE ATTACH a copy of your USGA (United States Golf Association) Handicap Card, or confirmation of successful completion of the PGA of America Playing Ability Test.