Playing Ability Test

COLLEGIATE GOLF TOURNAMENT TO BE USED AS PAT

COMPETITOR: _____ **SCHOOL NAME:** _____

NAME OF EVENT: _____

TYPE OF EVENT: **NCAA Division 1** ☐ **NCAA Division 2** ☐ **NCAA Division 3** ☐ **NAIA** ☐

GOLF COURSE/CLUB NAME: _____

YARDAGE COMPETED FROM: ROUND 1: _____ **ROUND 2:** _____

COURSE RATING & YARDAGE (FROM NEAREST TEES): _____

INDIVIDUAL SCORE: ROUND 1: _____ **ROUND 2:** _____

☐ By checking the box on the left, I confirm that the event named above did not have the Lift, Clean, and Place rule in play at any point during the competition rounds I am submitting.

Competitor is required to send in official documentation supporting the information listed above to be reviewed alongside this completed and signed form.

By signing below, I am stating that the information included above is accurate to the best of my knowledge, and I authorize the PGA of America to use these details to satisfy the PAT requirement necessary to enter the PGA Associate Program.

Email this completed form to membership@pgahq.com for review.

COMPETITOR SIGNATURE: **DATE:**

_____ _____

ADMINISTRATIVE USE ONLY

Near. Tee Yardage: _____ Rating: _____ Comp. Yardage: _____ Rating: _____

Adj. Rating: _____ x2 _____ +15 _____ Pass/Fail: _____ Initial: _____