

PPGA Handicap Form



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Check one:

I have a GHIN number and want to keep it

GHIN Number _____

I do not have a GHIN number and need one issued

PPGA Handicap fee is \$35 per handicap.

Please make checks payable to "PPGA" and mail to:

PPGA
PO Box 882
Oaks, PA 19456

Please e-mail any questions to pats@phillypublinks.com.