GHIN 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 $60 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.