

MAIL - EMAIL UNLV-Brian Jones, HOS-188, Box 456021 4505 S Maryland Pkwy, Las Vegas, NV 89154-6021 Email To: pga@unlv.edu

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 successfully completed the PGA of America Playing Ability Test

STUDENT NAME:				
STUDENT NAME: (Please Print)				
ADDRESS:				
СІТҮ:	STATE:	ZIP:		
PHONE NUMBER:	HANDICAP:			
"STUDENT" SIGNATURE:		DATE:		
EMAIL ADDRESS:	DATE OF BIRTH:			

PGA PROFESSIONAL OR GOLF COACH INFORMATION

Your PGA Golf Professional or Golf Coach needs to fill-out the information and sign below.

By signing this form you are confirming the handicap reported by the applicant to be accurate and true. Please indicate if you are a PGA Professional or High School Coach.

Please Circle Or	ne: PGA Golf Professional	PGA #:	Golf Coach
PGA GOLF PROI	ESSIONAL OR GOLF COACH: _		
		(Please Print Your Name)	
SIGNATURE:			DATE:
	(PGA Professional signature of	r Golf Coach signature ONLY)	
	••	your USGA (United States Golf Associatio sful completion of the PGA of America Pla	
	-	tter of Verification (ON OFFICAL LETTERHE olf Coach attesting to your specific handic	
	If you have any questions ple	ase contact our office at (702) 895-2932 or em	ail at pga@unlv.edu