Fairwinds Golf Course

USGA GHIN HANDICAP SERVICE

Valid October 1, 2008 – September 30, 2009

DATE: _____

NAME: _____ **COUNTY or STATE CARD NO:** _____

PHONE NO: _____ **GHIN NO:** _____

e-mail: _____ **LOCAL NO:** _____

Name of current golf course that has your Handicap (if available):

_____ **Phone No:** _____

Current Handicap Index: _____

If a handicap has never been established, please list the most recent scores (maximum 20) as requested below:

DATE	SCORE	RATING	SLOPE	COURSE NAME

☐ CARD HOLDER GHIN FEE $20.00 RECEIVED PAYMENT: _____

☐ REGULAR GHIN FEE $25.00 ENTERED DATA: _____