## **REQUEST FOR A YARDAGE REVIEW**

**INSTRUCTIONS:** Complete the form including your last 1000 handicap targets for a 1 yard reduction or your last 2000 targets for a 2 yard reduction, targets must be accumulated from your last yardage change. Average must be less than 89% Complete all dates and locations.

MAIL OR EMAIL YOUR REQUEST TO THE CENTRAL HANDICAP COMMITTEE MEMBER RESIDING IN YOUR STATE OR PROVINCE FOR THEIR APPROVAL. Refer to page 1 of current Rule Book for the committee names and addresses.

PITA #:

ADDRESS:  EMAIL:			CURRENT PITA YARDAGE			AVERAGE									
			I am requesting a REDUCTION INCREASE  FROM TO YARDS APPROVED DENIED (note reason on reverse)												
								PHONE:							
											Centra	al Handicap Committ	ee Member signature	Date	
DATE	LOCATION	SCORE		DATE	LOCATION	I SCORE	Ξ								
			1.				13.								
			2.				14.								
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