AHS1

HANDICAP CHANGE REPORT FORM



Use this form to report both automatic and non-automatic changes to Handicaps of players in an Event.

When completing the form please:

- Enter all details for players
- Use BLOCK CAPITALS throughout
- Indicate if the handicap change is non-automatic

Event:			State: Date:				
ACA ID	NAME	Manual	HANDICAP		INDEX		
		Change	Start	Finish	Start	Finish	
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Event Manager/U	andiaannam		C	Shoot:	of		

Please send immediately to your State Croquet Association Handicapper