



# AHS2

## RAPID IMPROVER REPORT FORM

Use this form to report:

1. non-automatic changes and
2. setting or altering a handicap of 14 or below

Please note that any such change must:

1. be made by an Association Handicapper
2. be justified by a record of at least 10 games where the opponents handicap is lower or equivalent to the player being assessed
3. show their winning results

When completing the form, please:

- a) enter players' details – ACA ID – Surname, First name
- b) use **BLOCK CAPITALS** throughout.

Events: ..... Date: ...../...../200....

Handicapper: ..... State ..... Sheet: .....of.....

Player ACA ID: .....Name:.....

PLEASE PROVIDE BELOW DETAILS OF THE 10 GAMES ON WHICH THE HANDICAP CHANGE IS BASED

Opponent			Result Win/Loss	Index Points gained
ACA ID	Name	Opponent Handicap		

Wins against lower handicap opponents\_\_\_\_\_

Index change over 10 games \_\_\_\_\_

Current handicap\_\_\_\_\_ New handicap\_\_\_\_\_ New Index (Match from Card Table) \_\_\_\_\_

**Please send immediately to:** Your State Croquet Association Handicapper  
State Handicapper will forward to the ACA National Handicapper