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: Date:

ACA ID	NAME	Manual	HANDICAP		IND	INDEX	
		Manual Change	Start	Finish		Finish	
		8	Start	Filligh	Start	Tillish	
		-				-	

Please send immediately to your State Croquet Association Handicapper

Event Manager/Handicapper:

Sheet:____of ___