



Playing Ability Test

COLLEGIATE GOLF TOURNAMENT TO BE USED AS PAT

COMPETITOR: _____ SCHOOL NAME: _____

NAME OF EVENT: _____ DATE OF EVENT: _____

TYPE OF EVENT: NCAA Division 1 NCAA Division 2 NCAA Division 3 NAIA Junior College

GOLF COURSE/CLUB NAME: _____

YARDAGE COMPETED FROM: ROUND 1: _____ ROUND 2: _____

COURSE RATING & YARDAGE (FROM NEAREST TEES): _____

INDIVIDUAL SCORE: ROUND 1: _____ ROUND 2: _____

Competitor is required to send in official documentation supporting the information listed above to be reviewed alongside this completed and signed form. Suggested links for documentation:

[Event Scores](#)

[Scorecard](#)

[Course Rating](#)

By signing below, I am stating that the information included above is accurate to the best of my knowledge, and I authorize the PGA of America to use these details to satisfy the PAT requirement necessary to enter the PGA Professional Golf Management (PGA PGM) Program.

Email this completed form to membership@pgahq.com for review.

COMPETITOR SIGNATURE: _____

DATE: _____

ADMINISTRATIVE USE ONLY

Near. Tee Yardage: _____ Rating: _____ Comp. Yardage: _____ Rat. Dif.: _____

Adj. Rating: _____ x2 _____ +15 _____ Pass/Fail: _____ Initial: _____