



PLAYING ABILITY TEST (PAT) REPORTING FORM

This form must be completed in full by the examiner and returned with the score report and expenses

Date of Event _____ PAT Event # _____

Section: _____

Course Yardage: Male _____ Female _____

Male 50 + _____ Female 50 + _____

Course Rating: Male _____ Female _____

Target Score: Male _____ Female _____

Name of Course – (If test given at two different 18-hole courses, please give name and course rating of both.)

Course Conditions: _____

Note any problems/issues in conducting the test: _____

Host Professional PGA ID# or Last 4-digits of your SS#: _____

Printed Name of Host Professional: _____

PAT Examiner PGA ID# or Last 4-digits of your SS#: _____

Printed Name of PAT Examiner: _____

PAT Examiner Mailing Address: _____

PAT Examiner (City/State/Zip): City _____ State _____ Zip _____

Signature of PAT Examiner: _____

PLEASE SUBMIT WITHIN THREE BUSINESS DAYS OF THE PAT.

Please complete the PAT Reporting Form & Results by Email Membership@pgahq.com, Fax (561) 624-8439 or Mail:

PGA of America
Attn: Membership Services
100 Avenue of The Champions
Palm Beach Gardens, FL 33418