

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 Change	START		FINISH	
			Hcp	Index	Hcp	Index

Event Manager/Handicapper: _____ Sheet: _____ of _____

Please send immediately to your State Croquet Association Handicapper