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