

# 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 Change	HANDICAP		INDEX	
			Start	Finish	Start	Finish

Event Manager/Handicapper: \_\_\_\_\_ Sheet: \_\_\_\_\_ of \_\_\_\_\_

**Please send immediately to your State Croquet Association Handicapper**