



PGA™

PLAYING ABILITY TEST SITE INFORMATION (Make copies for additional sites)

SECTION: _____

SITE: _____

HOST PROFESSIONAL: _____

SITE ADDRESS: _____

SITE ADDRESS City: _____ State _____ Zip _____

SITE PHONE #: (_____) _____

DATE OF PAT: _____

SIZE OF FIELD: _____

SITE CHARGES (Indicate what site charges cover): _____

ADDITIONAL CHARGES (i.e. section fee if any): _____

MALE YARDAGE: _____ FEMALE YARDAGE: _____

MALE COURSE RATING: _____ FEMALE COURSE RATING: _____

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