**SCHEDULE A**

**HANDICAP & INDEX CHANGE REPORT FORM – ASSOCIATION/GOLF**

 ***(Delete one)***

**TO BE COMPLETED AND EMAILED TO HANDICAP RECORDER**

**peter.tracey@bigpond.com**

**ON COMPLETION OF TOURNAMENT**

SUBMITTED BY Tournament Manager

 Event Name

 Date

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| **ACA ID** | **SURNAME** | **PRENOM** | **INDEX** | **HANDICAP** |
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