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PROUD MEMBER OF / FIER MEMBRE DU



GOLF CANADA CERTIFIED HANDICAP FACTOR

Golfer Name: _____

Home Golf Club: _____

Date of Certification: _____

Handicap Factor:

I _____ certify that this amateur golfer is in good standing.
(print name)

Certified by: _____
(please sign)

Title of Certifier: _____
(this person must be on your home club handicap committee or club staff)

Governed by the Royal Canadian Golf Association / Dirigé par l'Association Royale de Golf du Canada

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