RANGE PRACTICE RECORD SHEET (RPRS)

Name of UCM: _____ UCM No: _____

Name of Coach: _____ Coach Number: _____

Date of Granting UCM: _____ Valid Till: _____

Date	Day (1,2, etc)	Practice Event	Time Spent		Signature of UCM	Signature of Coach
			From	To		
Total	**___ Days**		**_____of 40 Hours**			

Likely Events:
Attire, Grip, Stance, Swing, Weight Shifting, Use of Clubs, and Driver, Chipping and Putting, Orientation with Course(Layout, Index, rating) etc