

UCM TEST RECOMMENDATION FORM (UTRF)

Name of UCM: UCM No:

Name of Coach: Coach Number:

Date of Granting UCM: Valid Till:

Coach's Recommendation

It is to certify that, that the above mentioned UCM was grouped with me for range training. The training was conducted as per club policy and my comments with respect to the UCM are as following:

Event	Remarks by Coach	
Safe for playing members	Yes/No	
Care for Course	Yes/No	
Personal Safety	Yes/No	
Pace of Play	Yes/No	
Respectful to Golf Attire	Yes/No	
Recommendation for Test:	Yes	No

Date:

Signature of Coach

CLUB USE ONLY

Schedule of Test:

Date	Testing Golfer	Score 18 Hole	Comments on Acceptability in Course	Signature

UCM is acceptable to play in course. His Handicap is _____

Club Captain