

# Orange County Seniors Golf Assn.

2101 East Chapman Avenue, Fullerton, California 92831 \* 714-870-9343 \* OCSGA@LA.twcbc.com

## PAIRING EVALUATION SHEET

**Important:** USE INK, IF AT ALL POSSIBLE. IF PENCIL, PRESS HARD SO IT'S READABLE WHEN SCANNED OR FAXED

Evaluator's name \_\_\_\_\_

As a member of the Board of Directors or of the Membership Committee, you have been paired with the following prospect:

Name \_\_\_\_\_ Sponsor \_\_\_\_\_

Club \_\_\_\_\_ Index \_\_\_\_\_ Age \_\_\_\_\_ GHIN No. \_\_\_\_\_

The following is **CONFIDENTIAL** and is to be turned in to the Tournament Chairman after the end of play today.

At today's tournament, held on (date) \_\_\_\_\_ at \_\_\_\_\_

Country Club, I played with the above proposed OCSGA member-applicant.

My opinion of him as a proposed member is as follows:  Excellent  Good  Fair  Bad

Does he understand rules and etiquette?  Yes  No

My opinion of him as a golfing partner:  Excellent  Good  Fair  Bad

Did he mix well with other members?  Yes  No Was he a gentlemen golfer?  Yes  No

Was he able to keep up the speed of play?  Yes  No

Do you feel that he would regularly attend our tournaments?  Yes  No Is he still working?  Yes  No

Do you feel that he and his wife would be willing and able to travel?  Yes  No

Does his wife play golf?  Yes  No Will she play golf on away trips?  Yes  No

Add any comments that you wish to assist us in determining if he would be a good member:

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**Turn this form in to the Tournament Chairman today.**

YOUR SIGNATURE

PLEASE PRINT YOUR NAME