

ALLOCATION OF HANDICAP STROKES TO HOLES

TRADITIONAL HOLE HANDICAPS Are For **MATCH PLAY**

Are for Singles or Four-ball **Match Play**

- A handicap stroke should be an equalizer
- For higher-hcp player to obtain a half in **Match Play**

Includes adjustments for **Match Play** Psychology

- Odd-numbered strokes assigned to first nine
- Even-numbered strokes assigned to second nine
- Opportunity to use strokes before matches are decided

ALLOCATION OF HANDICAP STROKES

USGA Handicap Manual (Section 17)

- Equalize the abilities of players at different handicap levels
- In Singles Or Four-Ball **Match Play**

Two basic methods

- Discretion of Committee
- Mathematical (two) Based on Scores
 - Comparison (Low vs High Handicap Groups)
 - Regression (Linear Regression)

The Handicap Committee may need to modify the rankings for some **Match Play** special cases

HARDEST HOLE Not HANDICAP HOLE #1

General Thinking of most players

- The Hardest hole is where you shoot the most over PAR
- **Not True** for **Match Play** Hole Handicaps

Which hole is the hardest

- Low Hcp Players different than High Hcp Players
- Example: Typically as a hole gets longer, it adds more strokes to a High Hcp player than a Low Hcp player

Match Play Handicap Hole #1

- Hard for High Hcp players, easy for Low Hcp players
- High Hcp player needs the most strokes
- Greatest difference between High Hcp & Low Hcp Groups

STROKE PLAY HOLE HANDICAPS

Individual Net **Stroke Play** does Not use Hole Handicaps

Hole Hcpts are used for some Net **Stroke Play** Competitions

- Any Net play relative to PAR
 - Best ball, Stableford, Skins
 - Drop or Select Holes

Traditional to use **Match Play** Hole Hcpts for **StrokePlay**

- Better results with a 2nd Allocation Table for **Stroke Play**

Stroke Play Hole Allocation Table is difficulty relative to PAR

- USGA Handicap Manual (Section 17-5)
- Average the Comparison Method 2 Groups relative to PAR
- Hole Handicap #1 is the hardest hole

HANDICAP STROKES BASED on SCORES from SILVER TEES

Based on play from the most used tee markers

RMGC Hole Scores Accumulated from 2010 to present

- Concord
 - 237 Gold
 - 5132 Silver
 - 1318 Bronze
- Lexington
 - 162 Gold
 - 3842 Silver
 - 697 Bronze

Use scores before Equitable Stroke Control (**Not Achieved**)

Methods Detail

Discretion of Committee Method

- First handicap stroke allocated is to be most useful in matches between players of almost equal ability
- Second handicap stroke allocated is to be most useful in matches between players having a slightly greater difference in Course Handicap
- Generally the longer the hole, the greater the need for the higher-handicapped player to receive a stroke
- Strokes alternate between front (odd) and back nine (even)
- The Handicap Committee may need to modify the rankings for some special cases

Special Cases

- Strokes alternate between front (odd) and back nine (even)
 - If second nine is decidedly more difficult than first, consider allocating odd strokes to second nine
- Avoid low-number strokes at holes near end of each nine so players can use strokes before 9/18 hole matches are decided
- Avoid lower-number strokes on first and second holes in event that a hole-by-hole playoff is necessary

Allocation Based on Scores Method

- A mathematical method (two) for allocating strokes to holes
 - Comparison Method
 - Regression Method
- A handicap stroke should be an equalizer when an average or high-handicapped player plays a low-handicapped player
- The Handicap committee still must give consideration to the requirements of the Discretion of Committee method

Comparison Method

- Use about 200 hole-by-hole scores for the low-handicapped group of players (Group A, handicap 8 and under)
 - A club having a limited number of low-handicapped players may use 200 scores from 25 percent of its players with the lowest Course Handicap (Group A)
- Use about 200 hole-by-hole scores of a middle- to high-handicapped group of players (Group B)
 - It is preferable for the Course Handicap of each player in Group B to range from 20 to 28 strokes
 - The average of the Course Handicap for Group B should be 15 to 20 strokes higher than the average for Group A

Comparison Method

- Average the score for each hole in both Group A and Group B, (Avg A & Avg B)
- For each hole $(\text{Avg B} - \text{Avg A}) = \text{Hole Delta (HD)}$
- Rank the holes with the hole having the highest Hole Delta first, next highest next and so on 1 through 18
- The hole ranked number 1 is the hole on which the higher-handicapped player most needs a stroke, and so on through 18
- The Handicap Committee will need to modify these rankings, see special cases
 - The committee may change the order of some holes, see the Handicap Manual 17-2 a (vii) Notes 1 & 2

Regression Method

A minimum of 400 (more is better) hole-by-hole scores are required to use the linear regression method

All scores covering the whole Course Handicap range are used

Compute:

- N = Number of hole-by-hole scores used
- $S1$ = sum of N Handicaps
- $S3$ = sum of N (Handicap squared)
- For each hole:
 - $S2$ = the sum of N scores
 - $S4$ = the sum of N (Handicap times score)

Regression Method

- Compute the difference factor (DF) for each hole
- $DF = (N \times S4) - (S1 \times S2)$ divided by $(N \times S3) - (S1^2)$
- Greater the DF the greater the expected score difference between a low and a high handicapped golfer
- Hole with largest DF is handicap-stroke hole number one, next largest DF is handicap-stroke hole number two and so on
- The Handicap Committee may need to modify these rankings for some special cases

Stroke Play Hole Allocation Method

Use Comparison Method Data

Total the group A and B average score for each hole

Subtract two times the par of each hole

Rank each hole result from largest to smallest

Do not modify the rankings of the holes