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 Hcps 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 Hcps for **Stroke Play**

- Better results with a 2\textsuperscript{nd} 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 (Avg B – Avg A) = 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:

- $N = \text{Number of hole-by-hole scores used}$
- $S_1 = \text{sum of } N \text{ Handicaps}$
- $S_3 = \text{sum of } N \text{ (Handicap squared)}$
- For each hole:
  - $S_2 = \text{the sum of } N \text{ scores}$
  - $S_4 = \text{the sum of } N \text{ (Handicap times score)}$
Regression Method

• Compute the difference factor (DF) for each hole
• DF = (N x S4) - (S1 x S2) divided by (N x S3) – (S1²)
• 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