



2012 KGA Age Shooters Award Application

PLEASE PRINT.

Name: _____ Date of birth: _____ GHIN #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: __ (____) _____

Club or Course where you shot your age (or better): _____

Date of round: _____ Score recorded: _____

Witnesses: _____

Signature of Club Official: _____ Title: _____

**SEND TO: KANSAS GOLF ASSOCIATION
1201 Wakarusa Dr Suite 5B
LAWRENCE, KS 66049**

NOTE: THE AGE SHOOTERS AWARD WILL BE AWARDED ONLY TO KGA ACTIVE INDIVIDUAL MEMBERS (Men or Women) SHOT DURING THE GOLFING SEASON (3/1/2012 to 11/1/2012).

1/1/12