

KANSAS GOLF ASSOCIATION

2009 AGE SHOOTERS AWARD Application

PLEASE PRINT OR TYPE

NAME _____ DATE OF BIRTH _____ AGE _____ GHIN # _____
(REQUIRED) (REQUIRED)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (HOME)_(_____) _____ (WORK)_(_____) _____

CLUB OR COURSE WHERE YOU SHOT YOUR AGE (OR BETTER) _____

DATE OF ROUND _____ SCORE RECORDED _____

WITNESSES: _____

(PLEASE PRINT NAMES)

SIGNATURE OF GOLF PROFESSIONAL _____ TITLE _____
(or authorized club representative)

**REMIT TO: KANSAS GOLF ASSOCIATION
1201 WAKARUSA DR., SUITE B5
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 (3/1/09 to 10/31/09).

1/01/09