



# 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  
PO Box 3970  
LAWRENCE, KS 66046**

**NOTE: THE AGE SHOOTERS AWARD WILL BE AWARDED ONLY TO KGA/KCGA ACTIVE INDIVIDUAL MEMBERS (Men or Women) SHOT DURING THE GOLFING SEASON (March 1st thru November 15th).**