



KGA Hole-in-One Club Application

PLEASE PRINT.

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

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: __ (____) _____

Club or Course where you shot your Hole-in-One: _____

Date of Hole-in-One: _____ Hole #: _____ Yardage: _____ Club used: _____

Witnesses: _____

Signature of Club Official: _____ Title: _____

**SEND TO: KANSAS GOLF ASSOCIATION
PO Box 3970
LAWRENCE, KS 66046**

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