



KENYA LADIES GOLF UNION

# Kenya Ladies Golf Union

## Underprivileged Support Application Form

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Residential Address Apartment/Estate/Unit #*

\_\_\_\_\_ *Postal Address Code County*

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Handicap Index \_\_\_\_\_ CDH ID: \_\_\_\_\_

Home Club: \_\_\_\_\_

Lady Captain: \_\_\_\_\_ Year: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lady Captain Signature: \_\_\_\_\_

### Consideration Criteria

Are you 21 Years of age or younger? YES  NO

If yes specify:

a) Name of Guardian \_\_\_\_\_

b) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

c) Guardian Signature/Consent: \_\_\_\_\_ Date: \_\_\_\_\_

Have you any physical, mental disability or handicap of the sense organs? YES  NO

