

**SIR STATE GOLF COMMITTEE**  
**HOLE-IN-ONE RECORD/SHOOTING ONE'S AGE RECORD**

MAIL TO SIR STATE GOLF COMMITTEEMAN:  
SIR, Don Dill, 434 Olive Orchard Drive, Auburn, CA 95603

Golfer's Name \_\_\_\_\_ Branch #: \_\_\_\_\_ Area #: \_\_\_\_\_

Address: \_\_\_\_\_ Branch Badge #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Golf Course: \_\_\_\_\_ City: \_\_\_\_\_

Type of SIR Organized Play: \_\_\_\_\_

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HOLE-IN-ONE INFORMATION    Date: \_\_\_\_\_

Hole #: \_\_\_\_\_ Yardage: \_\_\_\_\_ Club Used: \_\_\_\_\_

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SHOOTING-ONES-AGE INFORMATION: Date: \_\_\_\_\_ (One application per golfer per year)

Golfer's Age: \_\_\_\_\_ Gross Score: \_\_\_\_\_ Golf Course Rating: \_\_\_\_\_ (Must Exceed 68)

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EITHER ACCOMPLISHMENT MUST BE WITNESSED BY TWO SIR GOLFERS.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

1. \_\_\_\_\_ Br #: \_\_\_\_\_

2. \_\_\_\_\_ Br #: \_\_\_\_\_

ATTEST: Golf Tournament Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Br #: \_\_\_\_\_

NOTE TO BRANCH OR TOURNAMENT CHAIRMAN:

1. Either of the above-identified accomplishments is deserving of our award and must be accomplished in a SIR Organized Tournament.
2. The award consists of a beautiful hand carved wooden "Feather in the Cap".
3. Once awarded, we will appreciate your presentation to the golfer at a Branch Meeting.
4. Make copies of this form from your State Golf Manual as needed