

Society of Kent Golf Captains

Spring Tour 2027: **Application Form:**

Full Name: (print) _____ Date of Birth: _____ Passport No: _____
Full Name: (print) _____ Date of Birth: _____ Passport No: _____

Full names **MUST** be as shown in Passport

Passport Expiry dates: _____
Passport Issue dates: _____

Email Address: _____

Option Required:

	Places Rq	Double or Twin
7 nights - Golfer:	<input type="text"/>	<input type="text"/>
7 nights - Non Golfer:	<input type="text"/>	<input type="text"/>
10 nights - Golfer:	<input type="text"/>	<input type="text"/>
10 nights - Non Golfer:	<input type="text"/>	<input type="text"/>
Single Room Required:	<input type="text"/>	

Gentleman only: I would like to play in the **BLUE TEE** competition: YES - NO

This competition is for those over 70 and with a handicap of 19 and above.

Deposit Enclosed:

Signed: _____ Golf Club: _____