

DONATE a round



Donate a round and support turfgrass research that sustains the future of golf.



Auction Dates: April 25 - May 1, 2022

FACILITY INFORMATION)N		
Name of Facility:		Address:	
City:	State/Province:	Zip Code:	Country:
Business Phone:	Fax:	Web Site:	
SUPERINTENDENT CO	NTACT INFORMATION		
Name:		Title:	
Phone:		Email:	
SECOND CONTACT PE	RSON FOR DONATION QUES	STIONS	
Name:		Title:	
Phone:		Email:	
BUILD YOUR DONATIO	ON PACKAGE		
# of holes per round: \square 9	□ 18 □ 27 □ 36		
# of golfers per round: ☐ Fo	ursome (4 Golfers)* 🛘 Foursome (3	Golfers & 1 Member) ☐ Go	olf for 2
*If a foursome, will you	allow to be split into two groups of	two? ☐ Yes ☐ No	
Please indicate additional items included in your package donation: Golf Carts Meals Hotel Range Balls Please provide details for these additional items:			
Please indicate any restrictions that apply to your package donation: ☐ Golf Appropriate Attire Required ☐ Blackout Dates:			
Please circle days available: Mon Tues Wed Thurs Fri Sat Sun			
Time frame available for tee time:			
What is the total value of th	is donation package? (Include total v	value of fees, etc.) \$:	
How many of the above donation packages do you wish to donate?			
If your facility is associated with a management company, please provide their name:			
	itomatically set at 1/3 of the estimat stimated value $\Box \%$ of estimated va		ou would like to set the opening bid at an
To continue donating to fut	ure auctions, please circle the ye	ar(s) you would like to dup	olicate your donation: 2023 2024 2025
REDEMPTION CERTIFI	CATE		
☐ I would like the GCSAA Four it will default to one year from	· -	certificates. Please provide ex	piration date. If no expiration date is provided,
	gift certificates and will mail to the G by May 1, 2022, the GCSAA Foundation		rs with this donation form. Is 4 Research certificate for the winning bidder.)
Expiration date for certificates	5:		
UNABLE TO DONATE			
Please consider a monetary donation via credit card.	donation to support our cause. In	clude a check with this dona	ation form or call 785-832-4445 to make a
DONATION PROCEEDS			
Proceeds from your donation will benefit: Mid-Atlantic Chapter			
Mid-Atlantic Association of GCSAA			
Golf Course Si	uperintendents 🔱		
he Foundation and GCSAA do not	assume any responsibility whatsoever for	the donation within the Foundati	on. Donor hereby expressly agrees to release,

The Foundation and GCSAA do not assume any responsibility whatsoever for the donation within the Foundation. Donor hereby expressly agrees to release, indemnify and hold harmless GCSAA and The Foundation, and their officers and directors, from any and all claims including, but not limited to, injury, death and loss of property, including said donation, that may be sustained.

Authorized Signature:

Print Name and Title: Date: