

GOLF TOURNAMENT REQUEST FOR QUOTE

OUR CONTACT INFO					
1	Business Name -		Contact Name		
	Physical Address		City	State	Zip
	Mailing Address / <input type="checkbox"/> same		City	State	Zip
	Business Phone	Fax	Email		

ABOUT OUR TOURNAMENT NEEDS					
2	PREFERRED DATE	OPTIONAL DATE # 1	OPTIONAL DATE # 2	OPTIONAL DATE # 3	PREFERRED TIMES Start _____ End _____
	Number of Players	Skill Level of Players <input type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Low <input type="checkbox"/> Mix	Rental Clubs Needed <input type="checkbox"/> Yes <input type="checkbox"/> No Number:	Golf Carts Needed <input type="checkbox"/> Yes <input type="checkbox"/> No Number:	Clinic By Pro Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of group:				
	Purpose of Tournament:				
	Sponsors: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:				
	Volunteers on course: <input type="checkbox"/> No <input type="checkbox"/> Yes Carts Needed for Volunteers:				
	Signs on course: <input type="checkbox"/> No <input type="checkbox"/> Yes -- Need to have them made for us <input type="checkbox"/> No <input type="checkbox"/> Yes Need to have them placed for us? <input type="checkbox"/> No <input type="checkbox"/> Yes				
	Skill Challenges planned? <input type="checkbox"/> No <input type="checkbox"/> Yes -- <input type="checkbox"/> Closest to Pin <input type="checkbox"/> Long Drive <input type="checkbox"/> Straight Drive <input type="checkbox"/> Other:				
	Food Service Requirements: <input type="checkbox"/> No <input type="checkbox"/> Yes = <input type="checkbox"/> Box Lunch <input type="checkbox"/> Banquet <input type="checkbox"/> Reception <input type="checkbox"/> Beverage Cart <input type="checkbox"/> Hosted Bar <input type="checkbox"/> Non-Hosted Bar				
	Meeting Room Needs: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:				
Prizes Needed: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:					
Please submit your quote / proposal by:					

CLUB INFO					
3	Will you have other events or course maintenance day of event?: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:		Billing procedure?:		
	CLUB Name -		Deposit required by?:		
	Physical Address		Contact Name	City	State
	Mailing Address / <input type="checkbox"/> same		City	State	Zip
	Business Phone	Fax	Email		
Please submit your quote / proposal by:					