

Auction Dates: April 24 – April 30, 2023

**FACILITY INFORMATION**

|                   |                 |           |          |
|-------------------|-----------------|-----------|----------|
| Name of Facility: |                 | Address:  |          |
| City:             | State/Province: | Zip Code: | Country: |
| Business Phone:   | Fax:            | Web Site: |          |

**SUPERINTENDENT CONTACT INFORMATION**

|        |        |
|--------|--------|
| Name:  | Title: |
| Phone: | Email: |

**SECOND CONTACT PERSON FOR DONATION QUESTIONS**

|        |        |
|--------|--------|
| Name:  | Title: |
| Phone: | Email: |

**BUILD YOUR DONATION PACKAGE**

# of holes per round:  9  18  27  36

# of golfers per round:  Foursome (4 Golfers)\*  Foursome (3 Golfers & 1 Member)  Golf 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: \_\_\_\_\_

Please list any other details/stipulations/guidelines for your donation: \_\_\_\_\_

What is the total value of this donation package? (Include total 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: \_\_\_\_\_

Opening bid amounts are automatically set at 1/3 of the estimated value. Please indicate if you would like to set the opening bid at an alternate amount:  ¼ of estimated value  ½ of estimated value  Other: \_\_\_\_\_

To continue donating to future auctions, please circle the year(s) you would like to duplicate your donation: **2024 2025 2026**

**REDEMPTION CERTIFICATE**

I would like the GCSAA Foundation to provide the necessary gift certificates. Please provide expiration date. If no expiration date is provided, it will default to one year from purchase date.

I will provide the necessary gift certificates and will mail to the GCSAA Foundation headquarters with this donation form.

*(If certificate(s) is not received by May 1, 2023, the GCSAA Foundation will produce an official Rounds 4 Research certificate for the winning bidder.)*

Expiration date for certificates: \_\_\_\_\_

**UNABLE TO DONATE A ROUND?**

Please consider a monetary donation to support our cause. Include a check with this donation form or call 785-832-4445 to make a donation via credit card.

**DONATION PROCEEDS**

Proceeds from your donation will benefit:

\_\_\_\_\_ or  GCSAA Foundation

Name of GCSAA Chapter or Turfgrass Foundation

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:** \_\_\_\_\_