

Auction Dates: April 20 – April 26, 2026

FACILITY INFORMATION

Name of Facility:		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 ☐ Other _____

of golfers per round: ☐ Foursome (4 Golfers)* ☐ Foursome (3 Golfers & 1 Member) ☐ Golf for 2 ☐ Other _____

*If a foursome, will you allow to be split in two groups? ☐ Yes ☐ No

Please indicate additional items included in your package donation: ☐ Golf Carts* ☐ Range Balls ☐ Meals ☐ Hotel/Stay & Play

*If carts are not included, what is the cart fee? _____

Please provide details for these additional items: _____

Please indicate any restrictions that apply to your package donation. Refrain from using specific blackout dates and/or names.

Golf Appropriate Attire will be noted as required unless noted otherwise: ☐ Not Required

Tee time reservations will be stated as "All tee times are subject to availability. Winning bidders need to call the clubhouse or pro shop to reserve a tee time and confirm blackout dates."

*Please note any significant/major date restrictions: _____

Please circle days available: Mon Tues Wed Thurs Fri Sat Sun

List any specific tee time restrictions (e.g. 8:00am to 10:30am) here: _____

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

What is the total RETAIL value of this donation package? \$: _____

How many of the above donation packages do you wish to donate? ☐ 2 ☐ 3 ☐ 4 ☐ Other _____

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 retail value. Please indicate if you would like to set the opening bid at an alternate amount: ☐ ¼ of retail value ☐ ½ of retail value ☐ Other: _____

To continue donating in future auctions, please circle the year(s) you would like to participate: 2027 2028 2029

REDEMPTION CERTIFICATE

☐ I would like GCSAA to provide the necessary gift certificate(s). 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 certificate(s) and will mail to GCSAA headquarters with this donation form.

If the certificate(s) is not received by April 22, 2026, GCSAA will produce an official Rounds 4 Research certificate for the winning bidder.

Expiration date for certificate(s): _____

UNABLE TO DONATE A ROUND?

Please consider a monetary donation to support our cause. Include a check with this donation form or donate online at:
<https://www.gcsaa.org/foundation/rounds-4-research/r4r-online-donation-form>

DONATION PROCEEDS

Proceeds from your donation will benefit:

_____ or ☐ GCSAA Foundation

Name of GCSAA Chapter or Turfgrass Foundation

GCSAA and the GCSAA Foundation do not assume any responsibility for this donation. By signing below, donor hereby expressly agrees to release, indemnify, and hold harmless GCSAA and the GCSAA Foundation, including 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: _____