

Auction Dates: April 22 – April 28, 2025

FACILITY INFORMATION

Name of Facility:		Mailing 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

*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: 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: 2026 2027 2028

REDEMPTION CERTIFICATE

I would like GCSAA 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 GCSAA headquarters with this donation form.

(If certificate(s) is not received by May 1, 2025, GCSAA 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 visit <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

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: _____