Breakfast Hill Golf Club DONATION REQUEST FORM

Request Date:	<u></u>		
Organization Name:			
Organization Website:			
Address:			
City:	State <u>:</u> Zi	þ:	
Contact Name:	_Contact Title:		
Contact Phone:	Contact Email <u>:</u>		
What type of event is your donation from BH	HGC going to be used for?:		
What is the date of your event (and where wi	ill it be located)?:		
How many people will be attending your ever	nt <u>?:</u>		
Does your charity hold a golf tournament (if 2	yes where and what date) <u>?:</u>		
Would now about an organization be willing	g to heat your most agant at Progletest Hill Colf Club (blogs	e circle)? Yes	No
Would your charity or organization be willing to host your next event at Breakfast Hill Golf Club (please circle)? Would you prefer to pick up your donation (if yes, on what date)?			No
		Yes	
Would you prefer if Breakfast Hill mailed you	ur certificate!	Yes	No
DONATION FROM BREAKFAST HILL ORGANIZATIONS MUST "RE-APPLY" FOR DO THE DATE ILLUSTRATED ON THE DONATIO ON THE BREAKFAST HILL GOLF CLUB CAI	OLF CLUB ARE SUBJECT TO AVAILABILITY. REQUESTING A DO GOLF CLUB. A LIMITED AMOUNT OF DONATIONS ARE AVAILABILITY REQUESTS BEFORE EVERY ONE OF THEIR EVENTS. ON CERTIFICATE. GOLF DONATIONS WILL EXPIRE SIX MONTH LENDAR – STARTING MARCH 1 AND ENDING ON DECEMBER ATTIONS SHOULD BE DIRECTED TO THE GOLF PROFESSIONAL	LABLE ON AN ANNUAL BAS GOLF PASSES MUST BE REDI HS WITHIN THE ISSUED DA' 1. QUESTIONS AND REQUI	EIS. EEMED BY TE BASED ESTS FOR
Client Signature	BHGC Representative Sign	nature (if necessary)	
Printed Name	Printed Name		
	 Date		

BreakfastHill.com