COURSE/Course Name

COURSE ADDRESS

CITY

STATE

ZIP

I WISH TO RECEIVE/CONTINUE RECEIVING GOLF BUSINESS □ YES □ NO

SIGNATURE ___________________________ DATE ___________________________

PLEASE ANSWER THE FOLLOWING QUESTIONS

A. Type of golf facility or business:
   (check one only)
   1 □ Private
   2 □ Semi-private
   3 □ Daily fee
   4 □ Municipal/County/State
   5 □ Hotel/resort
   6 □ School/College/University
   7 □ Military
   8 □ Manufacturer/rep.
   9 □ Dealer/distributor
   10 □ Course builder/architect, architect, other allied to golf
   11 □ Other (specify)

B. Job function:
   (check one only)
   1 □ Owner □ Partner
   2 □ General manager
   3 □ Director/commissioner of parks & rec.
   4 □ Superintendent
   5 □ Assistant superintendent
   6 □ Greenskeeper
   7 □ Green committee chairman
   8 □ Elected club official
   9 □ Other (specify)

C. Size of golf facility
   1. (Check one only.)
      □ 9 holes □ 18 holes
      □ 27 holes □ 36 or more holes
   2. Does your facility operate a practice/driving range?
      □ Yes □ No
   3. Total yardage of facility:

CIRCLE THE ITEM NUMBERS FOR MORE INFORMATION ON PRODUCTS

101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120
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PLEASE ANSWER THE FOLLOWING QUESTIONS

A. Type of golf facility or business:

(check one only)

1 ☐ Private

2 ☐ Semi-private

3 ☐ Daily fee

4 ☐ Municipal/County/State

5 ☐ Hotel/resort

6 ☐ School/College/University

7 ☐ Military

8 ☐ Manufacturer/rep.

9 ☐ Dealer/distributor

10 ☐ Course builder/architect, agronomist, other allied to golf

11 ☐ Other (specify) ____________________________

B. Job function:

(check only one)

1 ☐ Pro-shop manager

2 ☐ Golf professional

3 ☐ Assistant golf professional

4 ☐ Clubhouse manager

5 ☐ Assistant superintendent

6 ☐ Assistant greenskeeper

7 ☐ Green committee chairman

8 ☐ Elected club official

(specify title below)

9 ☐ Other (specify) ____________________________
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