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GOLFDOM OFFICIALS AND MANAGEMENT MAILING FORM

IMPORTANT: Your cooperation with the information below will bring **GOLFDOM** to those responsible for your club's successful operation . . . and keep them up-to-date on the latest and most practical ideas on Administration, Management, Maintenance and Services. Complete and mail this post-free card—**TODAY**—to **GOLFDOM CIRCULATION DEPT.**, 235 East 45 Street, New York, N.Y. 10017. We'll see that those who qualify receive **GOLFDOM** monthly, without cost.

Club or Course Name _____
 Mail Address _____
 City _____ State _____ Zip _____

Owner _____
 Other Duties _____
 Street _____
 City _____ State _____ Zip _____

President _____
 Other Duties _____
 Street _____
 City _____ State _____ Zip _____

Manager _____
 Other Duties _____
 Street _____
 City _____ State _____ Zip _____

Superintendent _____
 Other Duties _____
 Street _____
 City _____ State _____ Zip _____

Professional _____
 Other Duties _____
 Street _____
 City _____ State _____ Zip _____

Turfed acreage of Golf Course and Club Grounds regularly maintained: _____
 Course Acres _____ Grounds Acres _____

Is your course new? Yes No

Size of Course: 9 holes 18 holes 27 holes 36+ holes

Is your Golf Course: Private Semi-private Municipal (city, state or county owned) Public Par 3 Military School Company owned Resort Bar Restaurant Hotel Pool Tennis Courts Pro Shop

If Private Club check No. of members. If semi-private or Public indicate No. of players per week:
 100 or less 100-200 200-300 300-400 500-1000 Over 1000

Your Signature _____ Date _____

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