

Glendarin Hills Golf Club

Golf Outing – Request Form

Contact Name: _____

Business/Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information: Phone: _____

Email: _____

Fax: _____

What is the Best Way to Contact You? Phone___ Email___ Fax___

Tournament and Player Information:

What days or dates are you requesting: _____

Time of Day: (Circle One) - Morning Afternoon

Start Time Configuration: (Circle One) – Shotgun Tee Times

How many Players for your golf outing: _____ Number of Golf Carts Requested: _____

Contest Holes: Closest to the Pin: #4 #7 #13 #17 - _____

Longest Drive: #10 #18 Other: _____

Longest Putt: #6 #15 Other: _____

Straight Drive: #1 Other: _____

Food and Beverage:

Do you have any food and beverage needs?

Lunch Buffet: Yes No

Appetizer Buffet: Yes No

Dinner Buffet: Yes No

Do you need a Beverage Cart: Yes No

Cash Bar following Golf: Yes No

Open Bar following Golf: Yes No

Drink Tickets throughout the day: Yes No

Misc: (Please Describe):

Once completed, please email the form to (matt@glendarinhills.com) or fax (260) 665-9832. Thank you