

Name of Facility: _____

Address/Location for Event: _____

Event Starting Time: _____ Event Ending Time: _____ Amt. of Golfers Expected _____

Type of Event Needed: (Please circle all that apply)

On Course (Reg. length) 9 Holes 18 Holes Other-Please provide how many _____

On Course Par-3 Challenge: 9 Holes 18 Holes Other-Please provide how many _____

Skills Challenges: Located on or around practice facilities. (ex. Driving Range, Putting/chipping green)

*Tic-Tac-Toe * Flop Wall *Chip/Pitch Baskets * Long Drive *Closest to Pin * Longest Putt

*Straightest Putt *Chip/Pitch Skee Golf Board(s) *Cosmic Corn Hole Boards (New)

*Cosmic Putt Putt Course- Please provide how many holes needed up to 9 _____

*Portable Putt Putt Mini-Golf Holes: (in clubhouse, on parking lot, etc.) 9 Holes 18 Holes 50 footer
Other- Please provide how many needed _____

Glow Gear for Portable Putt Putt Mini-Golf needed: Yes No

DJ Entertainment needed? Yes No

Volunteers/Staff Available: Yes No (Discount available for volunteers/staff help)

Will you need logos on Glow Gear Equipment? (Sponsors, businesses, etc.) Yes No

Will you need/want any logo on Glow in the Dark golf balls? Yes No

Any Glow Apparel Needed? (Necklaces, Bracelets, etc.) Yes No

Other requests/inquiries (Please list below)

