

## **Tee Marker Agreement**

\$250 for Term through September 2020

Donor Name(s):					
Member # (If Applicate	ble):	Phone	_ Phone #:		
Preferred Choice					
Course:	Hole #:		Tee Color:		
Alternate Choice					
Course:	Hole #:		Tee Color:		
Message on the Te	ee Marker:				
	DONATED BY	(Choose) or	IN MEMORY OF		
	(Limited	to 20 Charact	ers)		
Donor Signature:			Date:		
Approved By:			Date:		
Donation Amount: Payment Donation On:					
Start Date:	Expiration Date:				