



Branch #	Branch name:	
Contact person(s) f	or this event:	
	Email:	
Proposed dates (us	sually third weekend in July):	
Location of opening	g ceremonies / banquet:	
Number of hotel roo	oms within 10 minutes of facilities:	
Name(s) of propose	ed hotels and rates (including all taxes):	
1)		Rate:
2)		Rate:
3)		Rate:
Will a block of room	is be available for participants? \Box Yes \Box No	o If yes, how many?
Are there cabs or d	esignated driver programs available? 🛛 Yes	No
Shuttle service prov	vided: 1) to / from ceremonies? \Box Yes \Box No	2) to/from golf course?
Golf course:		
Shotgun start time:	Minimum # of 18-hole golfer	rs required for shotgun start:
Are there carts for 1	144 golfers? 🗆 Yes 🗆 No 🛛 Cost / golfer (gr	reen fee/cart) 18 holes:
Course must acco	mmodate 9-hole golfers. Cost / golfer (gr	reen fee/cart) 9 holes:
Location of closing	ceremonies:	

Add any additional information that would help the committee select your branch for this event. **Please include any host fees and how much you are planning on charging for each meal.**