

OUTING FUNCTION SHEET

PLEASE FILL OUT AND REVIEW WITH THE GOLF COURSE MANAGER

GROUP NAME: _____ OUTING CONTACT _____
PHONE: _____ CELL _____ E-MAIL ADDRESS _____
DATE OF OUTING ____/____/____ DAY OF WEEK _____ START TIME ____:____ NUMBER/PLAYERS _____ TO _____
OUTING FORMAT: SCRAMBLE _____ OTHER _____

SPECIAL RULES: _____
SHOTGUN: FORWARD/BACKWARD _____ START TIME ____:____ 1ST HOLE BACK TO: _____ 1ST HOLE FORWARD TO: _____
TEE TIMES: NUMBER OF TEE TIMES NEEDED _____ FIRST TIME ____:____ LAST TIME ____:____

COURSE SET UP

TEE MARKERS: RED _____ WHITE _____ GOLD _____ MINIMUM AGE (____)
CLOSE TO PIN: 4 _____ 6 _____ 9 _____ 10 _____ 14 _____
LONG DRIVE: 1 _____ 5 _____ 8 _____ 15 _____ 18 _____
STRAIGHT DRIVE: 5 _____ 18 _____ CLOSE TO PIN 2ND SHOT 3 _____ 13 _____ 16 _____
LONGEST PUTT 11 _____ 7 _____ OTHER _____
HOLE IN ONE: #4 -YDS ____/____ #6-YDS ____/____ #9-YDS ____/____ #10-YDS ____/____ #14-YDS ____/____
SPONSOR SIGNS: DVGC STAFF WILL SET UP SIGNS. (PLEASE DELIVER TO COURSE 24 HR PRIOR TO EVENT)

FOOD AND BEVERAGE:

CONTINENTAL BREAKFAST: COFFEE, PASTRIES, MUFFINS, FRUIT, JUICE AND BOTTLED WATER
LUNCH SPECIAL: LUNCH TICKETS PROVIDED FOR: HOT DOG/HOT SAUSAGE, CHIPS, DRINK
BEVERAGE CART: TAB _____ ON YOUR OWN _____ DRINK TICKETS _____

OUTING COST SHEET

OUTING PACKAGE (A-H)	\$ _____	X	# _____	\$ _____.
OUTING OTHER	\$ _____	X	# _____	\$ _____.
OUTING OTHER	\$ _____	X	# _____	\$ _____.
CONTINENTAL BREAKFAST	\$5.00 PP	X	# _____	\$ _____.
LUNCH SPECIAL	\$4.50 PP	X	# _____	\$ _____.
DRINK TICKET S FOR 2 DRINKS	\$5.00	X	# _____	\$ _____.
DRINK TICKET S FOR 3 DRINKS	\$7.50	X	# _____	\$ _____.
DRINK TICKET S FOR 4 DRINKS	\$10.00	X	# _____	\$ _____.
BEVERAGE CART	\$50.00			\$ _____.
PAVILION RENTAL (OUTSIDE CATERER)	\$5PP	X	# _____	\$ _____.
GIFT CERTIFICATES	\$ _____	X	# _____	\$ _____.
SPONSOR SIGNS	\$8 EACH	X	# _____	\$ _____.
EXTRA MEALS	\$ _____	X	# _____	\$ _____.
CUSTOM CART SIGNS, SCORECARDS & CONTEST MARKERS	NC			
SCORING	NC			
PREPARE DONATED DRINKS	NC			
OUTING DEPOSIT (\$300.) RECEIVED: YES	NO		AMOUNT	-\$ (____).____
SERVICE CHARGE CREDIT CARD			X 5%	\$ _____.
TAX			X 6%	\$ _____.
TOTAL COST OF YOUR OUTING				\$ _____.

NOTE: PLEASE E-MAIL (JPG) YOUR LOGO TO US 2 WEEKS PRIOR TO YOUR EVENT SO WE MAY PERSONALIZE YOUR OUTING FREE OF CHARGE.

REQUESTS: _____

ENTERED IN COMPUTER ____/____/2019 CALL 30 DAYS PRIOR ____ CALL 2 WEEKS PRIOR ____ CALL 1 WEEK PRIOR ____ (ENTER FINAL COUNT)

FINAL COUNT: MEALS _____ PLAYERS _____ DATE ____/____/2019