

WATERLOO LEISURE SERVICES
REQUEST FOR GOLF TOURNAMENT/OUTING

All information MUST be provided for outings to be approved. Incomplete forms will be returned.

NAME OF EVENT: _____

DAY OF WEEK: _____ DATE: _____

GOLF COURSE: (check one) WARREN MEMORIAL SOUTH HILLS GATES

NUMBER OF TEE TIMES REQUESTED: _____ STARTING TIME: _____

NOTE: Groups with less than 40 golfers may not start before 9:30 a.m. on weekends.

ESTIMATED NUMBER OF GOLFERS: _____

NAME OF CONTACT PERSON: _____

ADDRESS OF CONTACT PERSON: _____

Business Name (if applicable)

Street Address

City

State

Zip

PHONE: (daytime 7:00-4:00) _____ (evening/weekend) _____

Assignment of tournament/outing dates are on a first come, first serve basis. Please list an alternate date and course. Every effort will be made to schedule your first selection, but if there is a conflict, we would like to know your alternate choice.

ALTERNATE COURSE: _____ ALTERNATE DATE: _____

Rain dates will not be scheduled in advance of the originally scheduled event.

Notification of approval will be made after Leisure Services' approval.

Please return this original form to: Waterloo Leisure Services
Golf Outing Request
1101 Campbell Ave
Waterloo IA 50701

Faxed copies will not be accepted.

DO NOT WRITE BELOW LINE
OFFICE USE ONLY