

Chip In Program Registration

Course Info:

Name: _____ (Circle one:) Public / Private

Address: _____

Main Contact Info:

Full Name: _____ Title: _____

Phone: _____ Email: _____

We plan to contribute by:

- \$1/cart fee (month: _____)
- \$1/round fee (month: _____)
- Through annual member dues (amount: \$_____/member, collected on _____)
- Straight donation (amount: \$_____)
- Other: _____

Gift Details (for MRTF budgeting purposes):

Estimated gift total: \$_____

Date the funds will be given to the MRTF: _____

Please make all checks payable to:

Midwest Regional Turf Foundation
PO Box 2285
West Lafayette, IN 47996-2285

Check box here if:

- You'd like this to be an ongoing, annual plan with your course. (This option eliminates continued communication and annual registration renewals.)
- You'd like to be contacted every year to renew your program plan.

Signature

Date