

Cheyenne Shadow Golf Club Outing Request Form

Name of event: _____

Point of Contact: _____ Phone (w) _____ (h) _____

Preferred Date: _____ Address: _____

1st Choice: _____ _____

2nd Choice: _____ Email Address: _____

3rd Choice: _____ Fax Number: _____

Preferred Start Time: _____ Number of players (est.) _____
 (8 a.m. for morning tour. 1:30 for afternoon tour)

Tee Times: _____

Alternate start time: _____ Shotgun: _____

Format of Event: _____

Tasks to be performed by golf course staff:

- | | | | | | |
|---|---|---|--------------------------|---|---|
| 1. Scoring | Y | N | 5. Scorecards | Y | N |
| (Exotic Scoring (ex. Callaway, Peoria) is additional \$1.00 per player) | | | | | |
| 2. Reg. Tables | Y | N | 6. Rules Sheet | Y | N |
| # of Tables Needed _____ | | | | | |
| 3. Mulligan Tables | Y | N | 7. Beverage Carts | Y | N |
| _____ | | | ___ | | |
| 8. Gift Certificates | Y | N | 9. Range Balls: on own | Y | N |
| Charge per person _____ | | | on range | Y | N |
| | | | *Over 100 Players (free) | Y | N |
| 10. Cart Signs | Y | N | | | |

RETURN COMPELETED FORM TO CHEYENNE SHADOWS GOLF CLUB AS SOON AS POSSIBLE TO EXPEDITE YOUR REQUEST AND TO HAVE A BETTER CHANCE OF GETTING THE DATE PREFERRED.

Office Use Only:	Date Received: _____	Initials: _____
	Date Confirmed: _____	Initials: _____
	Coordination Meeting: _____	Initials: _____
	Food/Bev requirements: _____	Initials: _____
	Players Confirmation: _____	Initials: _____