

**NFADA CHARITABLE FOUNDATION
HOLE-IN-ONE INSURANCE
QUOTE REQUEST**



Date of Request _____

Dealership/Company _____
Sponsor name as you would like it to appear on tee signs

Contact Name _____ Email Address _____

Billing Address (No P.O. Boxes) _____

City, State, Zip _____

Phone _____ Fax _____

TOURNAMENT INFORMATION

Tournament Date: _____

Tournament Title: _____

Golf Course: _____

HIO Hole # _____ Yardage _____ # Amateurs _____ # Pros _____

Main Prize Value _____ Prize Description _____

List hole numbers for 3 additional par 3 holes _____

For Office Use Only:

For Information call Paula Battistella at 716-631-8510
*** Fax completed form to 716-631-0759 ***