

**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 \*\*\*