GOLF
ADVISORY COMMITTEE

GOLF PROGRAM CONCERN/SUGGESTION FORM

Name _____ Lot # _____ Date _____

Lot # _____ phone no. _____ e-mail _____

Please be brief but explain as best you can your concern or suggestion which you would like tabled at our next Golf Advisory Committee meeting:

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Submit form to the attention of the **G.A.C. c/o 4612 Arlington Park Dr. OR c/o 1517 Schalamar Creek Dr. OR** in an envelope "attn. G.A.C." **c/o the Pro Shop**

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For G.A.C. use: Date received _____ Received by _____

Date tabled at G.A.C. meeting _____

Result of G.A.C. discussion _____

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Date of response _____ method (e-mail; phone or in-person) _____