



PGA

South Central Section
Foundation

SCSPGA FOUNDATION GOLF PASS ORGANIZATION FUNDRAISING AGREEMENT

School/Organization _____

Address _____

City,State,Zip _____

Primary Contact _____ Position _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____

Secondary Contact _____ Position _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____

Fundraising Purpose _____

Start Date _____ End Date* _____ # of Sellers _____ # of Books Requested _____

*(End date is equal to or less than 30 days from start date)

Book Retail Price: \$49.95 / Seller's Profit: \$30 / SCSPGA Profit: \$19.95 (refer to terms below)

I, _____, accept and understand that the aforementioned books (SCSPGA Golf Pass) are on consignment by SCSPGA. Final sale numbers, payment for sold books, and any unsold books are to be submitted to the SCSPGA within 7 days of the close date. The 60% profit applies only if the account is paid in full within the established time frame. In the event of late payment or non-return of unsold books, aforementioned profit will not apply and payment equal to 60% of the retail value of the books will be due. SCSPGA LOST BOOK POLICY: If the number of missing or damaged books is greater than 5%, your fundraising group will be charged \$10 per lost/damaged books over the 5% allowance

Authorized Signature Date

PRIZE PARTICIPATION-FREE BOOK WITH EVERY 5 BOOKS SOLD

1. Prize qualification is based on individual sales numbers
2. Sales results cannot be combined in any way.
3. All sales must kick-off and close out within 30 days to be eligible for prizes. Initial collection must be made within 21 days and final closeout must be within 30 days or group will forfeit their eligibility for prizes.
4. GROUPS MUST PROVIDE CHECKLIST/TALLY REPORT WITH LISTING OF EACH SELLER'S SALES AS VERIFICATION OF QUALIFIED SELLERS CHECKLIST/TALLY MUST BE SUBMITTED PRIOR TO OR ALONG WITH PAYMENT

I have read the above rules for participating in the SCSPGA Golf Pass Prize Program. The fundraising group I represent and I will abide by these rules. I understand that all decisions made by the SCSPGA office are final.

_____ I wish to participate _____ I do not wish to participate Initials of Primary Contact _____

COMMENTS/NOTES _____

SCSPGA Rep: **Joyce Cherblanc**

SCSPGA Rep Phone: **918.357.3332**

SCSPGA Rep Email: **scentral@pgahq.com**