April 1, 2017

[Name], Head Golf Professional

[Address]

[City], [State] [Zip]

Dear [Name],

The International Association of Operative Millers (IAOM) is seeking proposals from \_\_\_\_\_\_ area golf courses for our upcoming golf tournament. Our tournament date is Friday, August 11, 2017, after the District’s annual meeting. We have a morning shotgun start, serve lunch, and have a silent auction and an awards presentation. We average 30-60 golfers.

We invite your golf club to submit a bid on the enclosed form to provide a golf course for this year’s event. Bids must be submitted by May 1, 2017 to be eligible for consideration. Please fax, mail or email your proposal to the addresses below.

If for any reason you decide not to bid or the date is unavailable at your club, we appreciate notification of your decision. If you have any questions, please contact me at XXX-XXX-XXXX.

Sincerely,

Name

Title

Submit form to:
Name

Company

Address

City, State Zip

Contact info

IAOM REQUEST FOR PROPOSAL

Site Selection for \_\_\_\_\_\_\_\_\_\_\_\_ District Golf Tournament

**Group:** International Association of Operative Millers (IAOM) \_\_\_\_\_\_\_\_ District

**Average** **attendance:** 50-75

**Organization:** The International Association of Operative Millers is an organization of approximately 1,600 members. The association is comprised of grain millers and allied trades representatives and companies devoted to the advancement of technology in the grain milling industries.

**General Event Info:** Format: 4-person scramble

 Hole Contests: Longest Drive, Buy an Eagle, Hit the Green, Putting Contest, Hole-in-One, Closest to the Pin, Longest Putt

**Preferred Date:** Friday, August 11

**Event Details:** Food and drinks (breakfast, lunch, beverages)

Set-up Needs: registration, awards table in lunch area, podium, mic

Attendee demographic: flour millers, allied trades, mid-level and executive management

Hospitality Carts needed: 1-2

Sponsorship signs: Yes
Gift Certificates from club: Yes

Scoreboard: Yes

**Proposals Due:** If you can meet the following specifications, please direct the requested information by DATE to the following:

DISTRICT SECRETARY

MAILING ADDRESS

E-MAIL ADDRESS

COURSE AVAILABILITY: ❑ YES ❑ NO

Course name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost per player\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit required $\_\_\_\_\_\_\_\_\_\_\_ Deposit due date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information:

Address:

Phone: Fax: email:

\*\* Approximate distance from the meeting hotel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_