

SEASIDE TERRACES RESERVATION FORM

GUEST BILLING ADDRESS

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Alt. Telephone _____
Email _____

GUEST SHIPPING ADDRESS IF DIFFERENT THAN BILLING ADDRESS

Name _____
Company _____
Address _____
City _____ State _____ Zip _____

Please complete this form and return by email, fax or mail to:

Email
John McKenzie
jmckenzie@dlovefoundation.com

Fax
(912) 634-3276

Mail
Davis Love Foundation
100 Retreat Ave.
St. Simons Island, GA 31522

Please make checks payable to:
Davis Love Foundation

PACKAGE DETAILS:

- Multiple viewing platforms strategically located around the Seaside Course at Sea Island Golf Club
- Complimentary food and beverages, including Grab and Go menu items and a full bar service
- Access to private restroom facilities
- VIP Parking Passes available with weekly ticket packages

TICKET FULFILLMENT

Tickets are only available for pick-up at the Tournament Office starting October 8th through October 31st. All orders placed after October 31st will be placed at Will Call and are not available for pick up at the Tournament Office.

WILL CALL HOURS – Located at St. Simons Island Airport

Monday, November 15 – Tuesday, November 16 from 10am–4pm

Wednesday, November 17 – Saturday, November 20 from 7am– 4pm

Sunday, November 21 from 7am to 1pm

*Proper hospitality ticket required for access to all hospitality venues regardless of age.

SEASIDE TERRACES PACKAGE OPTIONS:

- I would like to purchase _____ **Thursday** ticket(s)
- I would like to purchase _____ **Friday** ticket(s)
- I would like to purchase _____ **Saturday** ticket(s)
- I would like to purchase _____ **Sunday** ticket(s)
- I would like to purchase _____ **Weekly** package(s)- Thursday to Sunday

PRICING SCHEDULE

First Release Pricing (August 16 – September 30): \$250 Per Ticket / Per Day

Second Release Pricing (October 1 – November 14): \$275 Per Ticket / Per Day

Final Release Pricing (November 15 – November 21): \$300 Per Ticket / Per Day

PAYMENT METHOD

- Pay with Credit Card Check Enclosed

Credit Card Number _____ Exp. Date _____ Security Code _____

Name on Credit Card _____ Signature _____

I understand and agree to the following terms and conditions: full, non-refundable payment required in advance. No trademarks, names or logos relating to The RSM Classic may be used without prior written consent. No refunds in the event the tournament is canceled due to weather or any other condition beyond reasonable control. The Davis Love Foundation is a 501(c)(3) non-profit organization.

