

SEA ISLAND CLUB MEMBER ORDER FORM

MEMBER BILLING ADDRESS

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

TICKET FULFILLMENT**

Pick Up/Will Call Shipping (only before Oct. 29)

MEMBER SHIPPING ADDRESS IF DIFFERENT THAN BILLING ADDRESS

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

THE SKYBOX CLUB AT #18 MEMBER OPTIONS:

- Four (4) Skybox Club tickets per day, Thursday – Sunday, — **\$6,400**
 Two (2) Skybox Club tickets per day, Thursday – Sunday — **\$3,200**
 Two (2) Skybox Club tickets for two days — **\$1,700**
Select two (2) days: Thursday Friday Saturday Sunday
 Two (2) Skybox Club tickets for one day — **\$850**
Select one (1) day: Thursday Friday Saturday Sunday

SEASIDE TERRACES PACKAGE OPTIONS:

- 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
 - VIP Parking Passes available with weekly ticket packages
- I would like to purchase _____ **Thursday** ticket(s) at \$225 each
 I would like to purchase _____ **Friday** ticket(s) at \$225 each
 I would like to purchase _____ **Saturday** ticket(s) at \$225 each
 I would like to purchase _____ **Sunday** ticket(s) at \$225 each
 I would like to purchase _____ **Weekly** package(s) – at \$900 each (Includes VIP Parking Pass)

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.

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

GENERAL ADMISSION PATRON PASS OPTIONS

- I would like to purchase _____ **Good Any Day** ticket(s) – \$50 per ticket. Valid for 1 day, Thursday–Sunday.
 I would like to purchase _____ **Weekly** ticket book(s) – \$165 per booklet. Includes ground access Thursday–Sunday

TICKET FULFILLMENT**

If you elected pick-up/will call, tickets are only available for pick-up at the Tournament Office starting October 1st through October 31st. All orders placed after October 29th will be placed at Will Call and are not available for shipping or pick-up at the Tournament Office.

WILL CALL HOURS – Located at St. Simons Island Airport

Monday, November 13–Tuesday, November 14 from 10am–4pm
Wednesday, November 15–Saturday, November 18 from 7am–4pm
Sunday, November 19 7am–1pm

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

