



**Delaware Association of Surveyors, Inc.**  
232 Landover Circle Chapel Hill, NC 27516  
302-462-5293 Office  
888-440-7624 Fax

On Thursday, May 15, 2025, Delaware Association of Surveyors (DAS) will hold its **7th Annual Chuck Surguy Memorial Golf Tournament, In Honor of Danny Simmons** at Jonathan's Landing in Magnolia, DE. A 9:00 am start will feature a four-person scramble. The cost, which includes a cart, is \$100 per person.

**ALL PROCEEDS WILL BENEFIT THE DAS EDUCATION FUND!**

This golf tournament is open to everyone—you can sign up as an individual or with a foursome - you do not have to be a DAS member to play.

Lunch will be provided for all participants. There will be exciting prizes for the top three teams (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> place), as well as contests for Closest to the Pin and Longest Drive. 50/50 and raffle tickets will be available for purchase - drawings will take place in the clubhouse following golf, along with the announcement of the tournament winners.

Sponsorships are available for \$100. Names of sponsors will be placed prominently on tee boxes throughout the course. Individuals as well as businesses are invited to become sponsors of this event! If you would like to be a sponsor, please email your company logo, as you would like it displayed on the sign, preferably in .pdf or .png format to [desurveyors@gmail.com](mailto:desurveyors@gmail.com) as soon as possible, together with this form and payment.

**SPONSORSHIP FORMS AND PAYMENTS ARE DUE MAY 8, 2025**

Also included with this mailing is the tournament registration form and credit card authorization form. Please return them to DAS by USPS mail at 232 Landover Circle, Chapel Hill, NC 27516, email at [desurveyors@gmail.com](mailto:desurveyors@gmail.com) or fax at 888-440-7624.

---

## **SPONSORSHIPS — To Benefit the DAS Education Fund**

Company/Individual Name: \_\_\_\_\_

Name as you want it displayed on banner: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If you are paying with a check, please include the bottom portion of this letter with your payment and mail to:

DAS  
232 Landover Circle  
Chapel Hill, NC 27516



**Delaware Association of Surveyors**  
**7th Annual**  
**Chuck Surguy Memorial Golf Tournament**  
**In Honor of Danny Simmons**  
**Jonathan's Landing**  
**May 15, 2025**  
**9:00 am**

To help us plan for a great event, please pre-register by May 8th.

**REGISTRATION FORM**

**Team Name** \_\_\_\_\_

**Individual/Partial Team Name (Individuals will be paired onto teams)** \_\_\_\_\_

**Name of Players:**

**Name (Captain)** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Team/Individual Contact Information**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

**Please provide email for each player. This will be the main contact used.**

**Email** \_\_\_\_\_

**Email** \_\_\_\_\_

**Email** \_\_\_\_\_

**Email** \_\_\_\_\_

Space is Limited – Register Early	
Fees:	
Registrant (Golfer) -----	\$100.00
Registrant Fee _____ x \$100 = _____	
Donation to Education Fund: _____	
<b>Total: \$ _____</b>	

Please complete and return registration form, with check made payable to "DAS" for the total amount. We will also accept credit cards, using the authorization form which is included.

Mail to:  
DAS  
232 Landover Circle  
Chapel Hill, NC 27516  
**Deadline – May 8, 2025**

Questions – [desurveyors@gmail.com](mailto:desurveyors@gmail.com)

# Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Billing Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

**Email: [desurveyors@gmail.com](mailto:desurveyors@gmail.com)**

**Fax: 888-440-7624**

**Mail: DAS, 232 Landover Circle, Chapel Hill, NC 27516-8482**