

**Host Site Profile Sheet  
for Internship Program in  
Professional Golf Management Program at University of Nebraska-Lincoln**

<b>Name of Host Site:</b>		
<b>Street / PO Box:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		
<b>Fax:</b>		
<b>E-mail:</b>		
<b>Intern Supervisor Name and Title:</b>		
<b>Website:</b>		

The following information is requested and will be the primary information made to PGM students seeking an intern position.

Number of interns you are interested in employing and duration (ex. 6, 3 May–Aug, 3 May–Dec):

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**COMPENSATION:**

Number of hours of work per week \_\_\_\_\_ x \$ \_\_\_\_\_ per hour.

Perks Provided:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Playing Privileges     |
| <input type="checkbox"/> Lunch     | <input type="checkbox"/> Practice Range         |
| <input type="checkbox"/> Dinner    | <input type="checkbox"/> Discounted Merchandise |
| <input type="checkbox"/> Lodging   | <input type="checkbox"/> Other _____            |

Restrictions on the above  No  Yes. If yes, please explain:

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Is Intern required to have own medical, liability or other type of insurance coverage?

If yes, please explain:

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*If lodging is not provided, please comment briefly on:*

<b>Recommended lodging</b>	
<b>Distance from Internship location</b>	
<b>Public transportation available</b>	

**Internship Job Title(s):** \_\_\_\_\_

**Description of job duties:**

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**PLEASE MAIL OR FAX FORM TO:**  
Professional Golf Management Program  
P.O. Box 830736  
University of Nebraska  
Lincoln NE 68583-0736  
Phone: 402-472-7467  
Fax: 402-472-4104