



Chip! for Teeth Player Registration Form

Friday, June 16, 2017 Scramble Format / 7:45 a.m. Shotgun Start / Award Luncheon Follows Play
Sponsorships Available—call 503-594-0880 or go to www.SmileOnOregon.org under News & Events

Langdon Farms Golf Club

24377 NE Airport Road | Aurora, Oregon 97002

Team Captain _____ Phone _____ Email _____
Address: _____ City/State/Zip _____ Handicap _____

Team Members

Player 2 _____ Phone _____ Email _____
Address: _____ City/State/Zip _____ Handicap _____

Player 3 _____ Phone _____ Email _____
Address: _____ City/State/Zip _____ Handicap _____

Player 4 _____ Phone _____ Email _____
Address: _____ City/State/Zip _____ Handicap _____

Foursome = \$1,000
Individual Player = \$250
All-in-One Ticket \$50 each
includes: 1 mulligan, 5 raffle tickets.

Enclosed is a check made payable to **The Dental Foundation of Oregon. Federal ID# 93-0818476** Ck # _____
Send to: 8699 SW Sun Place, Wilsonville, OR 97070 or Fax this form to: 503.218.2004
Questions? Call Susan Greenberg at 503-594-0880 or Sgreenberg@SmileOnOregon.org

Please charge my Visa MasterCard Discover American Express

Card #: _____ Expiration Date: _____

Name on Card _____ Signature: _____

Team or Player Fee \$ _____ All-in-One Ticket(s) \$ _____ Total Amount: \$ _____