



# Chip! for Teeth Player Registration Form

Friday, June 22, 2012 / Scramble Format / 7:45 a.m. Shotgun Start / Award Luncheon Follows Play

## 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 Players = \$250**



Enclosed is a check made payable to **Dental Foundation of Oregon**. Federal ID# 93-0818476 Check # \_\_\_\_\_  
Send to: P.O. Box 2448, Wilsonville, OR 97070 or Fax this form to: 503.218.2004  
Questions? Call Charlie LaTourette at 503-594-0881 or [Charlie@SmileOnOregon.org](mailto:Charlie@SmileOnOregon.org)

Please charge my:  Visa  MasterCard  Discover  American Express

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_