

MUCC's 14th Annual Golf Scramble

Friday, July 20, 2018

At the beautiful Stone Creek Golf Course

14603 Stoneridge Dr, Oregon City OR 97045 ~ 503-518-4653

Join us for a wonderful day of golf and a delicious lunch.

Bring your **CASH** for lots of wonderful raffle prizes - all profits will be given to the local charity of **The Ronald McDonald House** in honor of Jarrod Morrison

6:30 Registration starts 6:30 Driving Range access 7:30 Shotgun Start



Registration Includes: Driving Range access w/range balls

18 holes of Golf, with a golf cart ~ Tasty BBQ Lunch

The opportunity to win great prizes and help a great cause!

Appropriate golf dress attire required - shirts with collars and no denim.

Lunch will begin when the last few teams are coming in.

Golf prizes and raffle prizes will be given near the end of lunch.

Sponsorships: We have two sponsorship opportunities:

- Hole Sponsor - per hole \$150.00
- Eagle Sponsor (includes 4 players) \$750.00

The Sponsor's Name: _____

(Will be displayed on a sign & on the swag bags.)

Sponsorships must be submitted by **June 29th**

- Entry Fees:**
- 4 people (full team) \$600.00
 - 3 people (may have a single added) OR \$450.00
 - 2 people (may be added to another pair) OR \$300.00
 - 1 person (may be added to another team) OR \$150.00

Entries must be submitted by **July 9th**

You can now Pre-pay for these options:

- Beat the Pro (\$10/team) \$ 10.00
- String (\$10 / 5' of string) \$ 10.00
- Mulligans (\$5/ea. - 1 per player) 1 \$ 5.00
- Mulligans (2 players) 2 \$ 10.00
- Mulligans (3 players) 3 \$ 15.00
- Mulligans (4 players) 4 \$ 20.00

We will contact you if your total is not correct.

Total Amount Enclosed: \$ _____

Player 1/Captain:

Name _____

Address _____

Phone _____

E-Mail _____

Player 2

Name _____

Phone _____

E-Mail _____

Player 3

Name _____

Phone _____

E-Mail _____

Player 4

Name _____

Phone _____

E-Mail _____

Send your registration in to KC at: Konstantin.chumachen@utiliquest.com

If you would like to be on the Distribution List to receive the MUCC Monthly Meeting Minutes

Please check here and provide your e-mail address: _____

Method of Payment:

Please note - for security, this portion will be destroyed after your card has been processed.

- Check
- Cash
- Visa
- Mastercard

Credit Card No.: _____

Expiration Date: _____

Signature _____

Billing Zip Code: _____