

PNSFA 19th Annual Golf Tournament Thursday, July 11, 2019 NEW-EARLY START TIME

2019 PNSFA GOLF TOURNAMENT REGISTRATION FORM

New Earlier Start Time

CAMAS MEADOWS GOLF CLUB

4105 NW Camas Meadows Drive - Camas, Washington

Open to all PNSFA members, nonmembers, and companions • Popular scramble format play - a team handicap system will be used Select your team of one, two, three, or four - we will place second, third or fourth team players if you do not have a full team.

The tournament will be a shotgun start at 8:30 am! This means that everyone will tee off at

8:30 am from different assigned holes on the course. Starting hole numbers will be assigned by the tournament coordinator.

The cost is \$145 per person and includes: 18 holes of golf, range balls, and shared cart • Lunch after the tournament • Golf prizes • More fun than you can imagine!

REGISTRATION DEADLINE is June 21 - Space is limited-first come, first served

First Name:	Last Name:		
Company:	Email:		
Mailing Address:	City:	State:	_ Zip:
Business Phone:	Fax:		
My golf handicap is:	or- My three most	recent 18-hole golf scores are:	·····
Please select the appropriate category: Single player I have	a twosome	have a threesome I have a foursome	
Player 2 Name:	Handicap:	or Last (3) 18-hole scores:	
Company:	Email:		
Player 3 Name:	_ Handicap:	or Last (3) 18-hole scores:	
Company:	Email:		
Player 4 Name:	_ Handicap:	or Last (3) 18-hole scores:	
Company:	Email:		
All my team member's registrations are listed above, and payments	s are enclosed.		
My registration is above, and my teammates will submit their regist	ration form(s) and	payment separately.	
# Golf Tournament Reservations @ \$145 each		\$	
# Lunch only @ \$30 each (Lunch is included with your golf re	egistration fee)	\$	
		Total E	nclosed \$
Cancellation Policy: Cancellations must be received on or before June the tournament date, and 100% will be refunded if the cancelled space reserves the right to cancel the tournament, change starting time, or ch	is filled. No-shows	6	
Payment:			
Payment by: Check (enclosed, made payable to PNSFA) Visa MasterCa	ara 🗆 Amex 🖵 Disc	over	
Card Number:	Exp. Date:	Amount Authorize	ed:

Name on Card:	Signature:	
Credit Card Billing Address:		CVV
Email Credit Card Receipt to:		

*Due to our credit card policies we cannot accept registration forms with credit card payment via email - please mail or fax in your registration.

Registrant agrees to grant PNSFA and Update Management the right to photograph or video Registrant during participation in the event. Registrant understands that any photographs or recordings may be used by PNSFA and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.

Please return to:

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