

GOLF SCRAMBLE

SATURDAY, JULY 13TH, 2024 JOHN DAY GOLF CLUB

CHECK-IN 8AM ● TEE OFF 9AM

Number of pla	yers:
(Teams of 4 - if you don't ho	ave 4 players we will pair you with others.)
Team Sponsor (If applicable	·):
Player #1	Player #2 Name:
Handicap:	Handicap:
Phone:	Phone:
Address:	Address:
Email Address:	Email Address:
Player #3 Name:	Player #4 Name:
Handicap:	Handicap:
Phone:	Phone:
Address:	Address:
	/
Email Address:	Email Address:
8am (with 7am che	g on number of players. If so, what is your tee time preference? eck-in) 12pm (with 11am check-in) o do 2 tee times. If you don't hear from us, tee off is 9am.
Email, mail, or deliver, for entry	Number of cart rentals needed @\$25: \[0 \[1 \] 2
Blue Mountain Healthcare Foundation	(Contact the Golf Course to reserve and rent)
170 Ford Rd.	Questions? John Day Golf Course 541-575-0170
John Day OR, 97845 Conta	ct: Jena Knowles
jknowleseblu 541-5	uemountainhospital.org 75–1311 ext. 2213