



Chip! for Teeth Player Registration Form

Friday, May 21, 2010 / 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:** _____

2010 Tournament Committee

Dr. Mike Goger

DFO Board of Directors

John Van Leeuwen

The Partners Group

Bill Ludwig

BnK Construction

Kristi Harris

Bogumil, Holzgang & Harris

Mike Wilson

O'Brien Dental Lab

Barry Schwartz

Burkhart Dental

Malcolm Hodge

Columbia Community Bank

Chris Verbiest

DBIC/DMC

Team Members:

Player 2: _____ **Phone:** _____ **Email:** _____

Address: _____ **City/State/Zip:** _____ **Handicap:** _____

Player 3: _____ **Phone:** _____ **Email:** _____

Address: _____ **City/State/Zip:** _____ **Handicap:** _____

Player 4: _____ **Phone:** _____ **Email:** _____

1 Foursome = \$1000

Individual Players = \$250

Enclosed is a check made payable to Dental Foundation of Oregon. 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
Federal ID# 93-0818476

Please charge my: Visa MasterCard Discover American Express

Card #: _____

Expiration Date: _____ Amount: \$ _____

Name on card: _____ **Signature:** _____

