



Skyline Scramble

Sponsored by Crestline Construction

Indian Creek Golf Course

Hood River, Ore.

Saturday, Aug. 28, 2021 – 8 a.m.

Golf Registration Form

100 percent of the net-proceeds benefit Skyline Health's programs and services

Skyline Scramble Golf team of four _____ x \$500 per team = \$ _____

Includes golf, cart, breakfast snacks/bloody marys & lunch!

Mulligans (3 per player & 12 per team) _____ x \$10/mulligan = _____

I'm unable to attend, but would like to support Skyline with a donation of \$ _____

Corporation Name: _____ Contact Name: _____

Contact Phone Number: _____ Email: _____

Business Address: _____

Total of \$ _____ enclosed or to be charged on a credit card.

Payment Information: Please make checks payable to Skyline Foundation. If paying by credit card, please provide the following information:

Visa MasterCard Discover

Card Number: _____ Exp. Date: _____

Signature: _____ CSC # (on back of card): _____

Print Name: _____

(Over)

Please return the completed form to Dawn Nielson at Skyline Foundation, P.O. Box 1625, White Salmon, WA, 98672 or by email to dawnnielson@skylinehospital.org. For more information or sponsorship opportunities, please call 509-637-2603.



Skyline Scramble Golf Team

Team Captain: _____ **Team Name:** _____

Company: _____ Handicap: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Player #2: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Player #3: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Player #4: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Thank you for your support of Skyline Foundation and the Skyline Scramble.

We look forward to seeing you on August 28!

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