

Meriwether

NATIONAL GOLF CLUB

5200 Rood Bridge Road
Hillsboro, OR 97123



Sponsored BY:
Grand Court of Oregon
Order of the Amaranth

6th Annual Golf Tournament

August 19, 2018

Scramble Format – Shotgun Start

1:00 p.m.

\$90 per player
or \$360 per Foursome

Multiple On Course Contests



Additional Information Contact:

Dick Varner

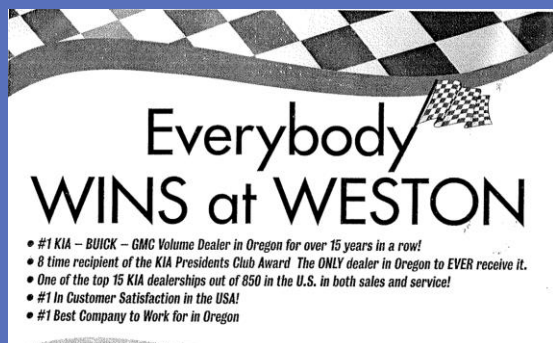
Varner2999@msn.com

541-689-2941



All forms can be obtained from:
www.oramaranth.org/golf.html

American Hole in One
Sponsored by Weston Kia



**Join the Order of the
Amaranth in the
Fight to Find a CURE**

**Tournament is to
Benefit The Amaranth
Diabetes Foundation
and
The American Diabetes
Association**

Player Registration Form

AMARANTH 6TH ANNUAL GOLF TOURNAMENT

Benefits the Amaranth Diabetes Foundation & The American Diabetes Association

Team Sponsor/Company Name: _____

Team Name: _____

Team Captain: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Average Score or Handicap (circle one): _____

Payment Method: CASH CHECK

CREDIT CARD: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ 3 Digit Code: _____ Zip Code of Credit Card: _____

Player 2: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Average Score or Handicap (circle one): _____

Payment Method: CASH CHECK

CREDIT CARD: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ 3 Digit Code: _____ Zip Code of Credit Card: _____

Player 3: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Average Score or Handicap (circle one): _____

Payment Method: CASH CHECK

CREDIT CARD: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ 3 Digit Code: _____ Zip Code of Credit Card: _____

Player 4: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Average Score or Handicap (circle one): _____

Payment Method: CASH CHECK

CREDIT CARD: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ 3 Digit Code: _____ Zip Code of Credit Card:-----

Make checks payable to: Grand Court of Oregon

Mail to: Patti Nielsen, 16334 NE Fargo Ct., Portland, OR 97230

Email: pattinielsen24@msn.com

Phone: (503) 956-9669