



with Title Sponsor

Present the

26th Annual Golf Tournament



Benefitting



Join us on Saturday August 5th at Harbor Links Golf Course
(601 Harbor Isles Blvd., Klamath Falls, OR 97601)

A donation from the proceeds of the tournament will be made to the DAV Klamath Falls Chapter.

Saturday August 5, 2017

Registration:
10 am

Shotgun Start:
12 pm (noon)

Format:
4-person Scramble

Return entry form by July 25, 2017 to:

Klamath Basin HBA
205 Riverside Drive,
Suite G
Klamath Falls, OR
97601

Phone: 541-884-8570
Fax: 541-884-6615

Send inquiries to:
info@klamathbasinhba.org

Team Name to be Displayed on Course/Carts: _____

Player Information:

Name	Phone Number	Member or Veteran? (-\$5 discount)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____



Because all American heroes should have their needs taken care of.

- Register my team as a sponsor. For \$75 the Klamath Basin HBA will display your team/company sign on a hole at the tournament.
(Add \$25 if a sign is needed)
- Count on us! We have a raffle prize to donate! _____

Fees and Add-ons:

# of golfers _____ x \$100/each or \$360 for team	\$ _____
# of mulligan _____ x \$10/each (limit one per golfer)	\$ _____
Hole Sponsorship - \$75 (Make me a new sign! <input type="checkbox"/> +\$25)	\$ _____
Additional Dinner—\$25/each	\$ _____
Total Due:	\$ _____

\$5 Strings (one per team) / Raffle tickets will be available at registration!

Please do not bring your own alcohol

Payment Information:

- Check or Money Order (Payable to Klamath Basin HBA)
- Credit Card Payment ___ Visa ___ Master Card ___ American Express ___ Discover
- Card #: _____ Exp Date: ___/___
- CID#: _____ (last 3 on back of card or 4 digits from front of American Express)
- Cardholder's Signature: _____
- Print Cardholder's Name: _____
- Address: _____

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