



2ND ANNUAL FALL CENTRAL OREGON SHOOTOUT

4 Person Team Championship

OCTOBER 3-4, 2020

SATURDAY, OCTOBER 3RD

4 PERSON BEST BALL

(1 Gross 2 Nets, 80% of individual handicaps)

1ST NET

The Eagle Crest Ridge Course

2ND NET

Big Meadow at Black Butte Ranch

SUNDAY, OCTOBER 4TH

4 PERSON SHAMBLE

(1 Gross, 2 Nets, 80% of Individual Handicap)

10 AM

Shotgun

1ST NET

Big Meadow at Black Butte Ranch

2ND NET

The Eagle Crest Ridge Course

BREAKFAST & LUNCH

EAGLE CREST RESORT

BREAKFAST 7:30am – 9:00am

Ridge Golf Shop “Greenside Café”

LUNCH

2:00pm – 3:30pm

“Niblick’s and Greens”

BLACK BUTTE RANCH

BREAKFAST 7:00am – 8:30am

Robert’s Pub at “Big Meadow”

LUNCH

2:00pm – 3:30pm

Robert’s Pub at “Big Meadow”

GENERAL NOTES

- Final Indexes will be pulled after the September 30 Revision Date and Flights will be divided and sent after.
- Please call today to make tee times for your Practice Rounds on Friday. Rounds are \$45 per person including cart.

LODGING DISCOUNTS

*Special Lodging Rates for participants
with the Black Butte Ranch Rental Program.*

LODGE ROOMS starting at **\$99** per night

2 BEDROOM CONDO starting at **\$165** per night

3 BEDROOM CONDO starting at **\$175** per night

ALL OTHER ACCOMMODATIONS 25% off

CALL THE BLACK BUTTE RANCH
RENTAL PROGRAM AT **877-378-1264**
TO MAKE YOUR RESERVATION.

NET DIVISIONS

- Prize payouts will be awarded in each division and 1 Gross Overall Champion
- Mens & Ladies are welcome in all divisions
- Maximum Handicap: 40 Men & 44 Ladies
- USGA Approved Handicap required
- Estimated Yardages for Each Flight

FLIGHT 1 6500 Yards

FLIGHT 2 6100 Yards

LADIES 5300 Yards

ENTRY DEADLINE

September 23, 2020

...or first 150 teams

TEAM ENTRY FEE

\$900 per 4 person team

ENTRY FEE INCLUDES

Green Fees, Carts, Practice Balls, Tee Gift, Continental
Breakfast, Lunch, Merchandise

REGISTRATION

REGISTER ONLINE

BlackButteRanch.com/central-oregon-fall-shootout

Call Dan McCleery at 541-595-1292

or fill out the form on the reverse

Mail entry form and check to:

Black Butte Ranch

ATTN: Dan McCleery

PO Box 8000

Sisters, OR 97759

Fax 541-595-1293

FOR MORE INFORMATION

BLACK BUTTE RANCH

Dan McCleery | 541-595-1292

DMcCleery@BlackButteRanch.com

EAGLE CREST RESORT

Kevin Story | 541-504-3877 | KevinS@Eagle-Crest.com



**Black Butte
Ranch**

THE GOLF CLUB





CENTRAL OREGON SHOOTOUT

FALL 2020 ENTRY FORM

Entry form and fees must be received by September 23, 2020. USGA approved handicap index as of September 30, 2020 revision date will be used. Send registration to Dan McCleery, PO Box 8000, Sisters, OR 97759 | Fax 541-595-1293 | Online registration is available at BlackButteRanch.com/central-oregon-fall-shootout | *\$12 service charge for credit cards; cash or check no service fee.

PLAYER 1

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____
 COMPANY _____
 INTERESTED IN GROUP INFO? Yes No
 DIVISION Gross Net (Current USGA Handicap required)
 USGA Approved Handicap # _____ Index _____
 HOME CLUB _____
 PULLOVER SIZE *Ladies* XS SM MD LG XL | *Men's* SM MD LG XL XXL

PLAYER 3

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____
 COMPANY _____
 INTERESTED IN GROUP INFO? Yes No
 DIVISION Gross Net (Current USGA Handicap required)
 USGA Approved Handicap # _____ Index _____
 HOME CLUB _____
 PULLOVER SIZE *Ladies* XS SM MD LG XL | *Men's* SM MD LG XL XXL

PLAYER 2

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____
 COMPANY _____
 INTERESTED IN GROUP INFO? Yes No
 DIVISION Gross Net (Current USGA Handicap required)
 USGA Approved Handicap # _____ Index _____
 HOME CLUB _____
 PULLOVER SIZE *Ladies* XS SM MD LG XL | *Men's* SM MD LG XL XXL

PLAYER 4

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____
 COMPANY _____
 INTERESTED IN GROUP INFO? Yes No
 DIVISION Gross Net (Current USGA Handicap required)
 USGA Approved Handicap # _____ Index _____
 HOME CLUB _____
 PULLOVER SIZE *Ladies* XS SM MD LG XL | *Men's* SM MD LG XL XXL

PAYMENT

TEAM OF 4 ENTRY FEE \$900

Credit Card Number* _____ Expiration Date _____
 Cardholder's Name _____ Amount to Charge _____
 Authorized Signature _____ Check Enclosed \$ _____

