



1ST ANNUAL FALL CENTRAL OREGON SHOOTOUT

4 Person Team Championship

OCTOBER 5-6, 2019

SATURDAY, OCTOBER 5TH

4 PERSON STABLEFORD

(Best 3 Balls, 80% of Individual Handicap)

- 1ST NET Glaze Meadow at Black Butte Ranch
- 2ND NET The Eagle Crest Ridge Course

SUNDAY, OCTOBER 6TH

4 PERSON BEST BALL

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

- 9:30 AM Shotgun
- 1ST NET The Eagle Crest Ridge Course
- 2ND NET Glaze Meadow at Black Butte Ranch

BREAKFAST & LUNCH

EAGLE CREST RESORT

- BREAKFAST 7:30 AM – 9:00 AM
Ridge Golf Shop “Greenside Café”
- LUNCH 2:00 PM – 3:30 PM
“Niblick’s and Greens”

BLACK BUTTE RANCH

- BREAKFAST 7:00 am – 8:30 am
Robert’s Pub at “Big Meadow”
- LUNCH 2:00 PM – 3:30 PM
Robert’s Pub at “Big Meadow”

GENERAL NOTES

- Final Indexes will be pulled after the October 1st 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 15, 2019
...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 Tobias Colvin at 541-595-1292,
or fill out the form on the reverse
Mail entry form and check to:
Black Butte Ranch
ATTN: Tobias Colvin
PO Box 8000
Sisters, OR 97759
Fax 541-595-1293

FOR MORE INFORMATION

BLACK BUTTE RANCH

Tobias Colvin | 541-595-1292 | TColvin@BBRanch.org

EAGLE CREST RESORT

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



**Black Butte
Ranch**

THE GOLF CLUB



**EAGLE CREST
RESORT**



**CENTRAL OREGON
SHOOTOUT**
FALL 2019 ENTRY FORM

Entry form and fees must be received by **September 15, 2019**. USGA approved handicap index as of **September 15, 2019** revision date will be used. Send registration to Tobias Colvin, PO Box 8000, Sisters, OR 97759 | Fax 541-595-1293 | Online registration is available at BlackButteRanch.com/central-oregon-fall-shootout | *\$9 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 \$ _____

