



This 4-person team event treats players to a tour of Central Oregon golf with a two-course weekend featuring Glaze Meadow and Eagle Crest Ridge Golf Courses.

SCHEDULE OF EVENTS

SATURDAY, OCTOBER 4

4-PERSON BEST BALL

10am | Shotguns each day
(1 Gross 2 Nets, 80% of individual handicaps)

1ST FLIGHT | Glaze Meadow @ Black Butte Ranch
2ND FLIGHT | Eagle Crest Ridge Course

SUNDAY, OCTOBER 5

4-PERSON BEST BALL

10am | Shotguns each day
(1 Gross 3 Nets, 80% of individual handicaps)

1ST FLIGHT | Eagle Crest Ridge Course
2ND FLIGHT | Glaze Meadow @ Black Butte Ranch

BREAKFAST & LUNCH

EAGLE CREST RESORT

BREAKFAST 7:30am - 8:30am
Location at the Ridge Cafe

LUNCH Delivered during play at Ridge Course

BLACK BUTTE RANCH

BREAKFAST 7:00am - 8:30am
Glaze Meadow Breezeway

LUNCH Delivered during play at Glaze Meadow

GENERAL NOTES

- Final Indexes will be pulled after the September 26 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 \$59 per person including cart.

6 NET DIVISIONS

- Prize payouts will be awarded in each division and **1 Gross Overall Champion!**
- Maximum 6 stroke differential between partners
- Mens & Ladies are welcome in all divisions
- Maximum Handicap: 36 men, 42 ladies
- USGA-Approved Handicap required

PRIZE PAYOUT

Over \$20,000 in payouts (dependent on # of teams)

TEAM ENTRY FEE

\$950* per 4-person team
+ \$28 credit card processing fee
= \$978 total

ENTRY DEADLINE

Sept 26, 2025 -OR- the first 150 teams

LODGING DISCOUNTS

Special Lodging Rates for Participants

BLACK BUTTE RANCH RENTAL PROGRAM

877-378-1264 or 541-595-1292 (Mention the B.A.R.)

- Lodge Rooms \$195
- 25% off all other accommodations

EAGLE CREST LODGING RATES

541-504-3872 (Mention the B.A.R.)

- Double Queen Lodge \$169
- King Suite \$189
- 2-Bedroom Condo \$249
- 3-Bedroom Condo \$309

REGISTRATION

REGISTER ONLINE

bbr-or.com/fall-bar

-or-

FILL OUT THE REGISTRATION FORM ON REVERSE SIDE

Send check made out to "Black Butte Ranch" with this printed form to: Dan McCleery, PO Box 8000, Sisters, OR 97759

CONTACTS FOR QUESTIONS

BLACK BUTTE RANCH

Dan McCleery | 541-595-1292 | DMcCleery@BBRanch.org

EAGLE CREST RESORT

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



REGISTER ONLINE

REGISTRATION FORM

Entry form and fees must be received by **September 26, 2025**. USGA approved handicap index as of September 26, 2025 revision date will be used. Send registration to Dan McCleery, Golf Group Sales Manager (see other side for registration details).

OR REGISTER ONLINE at bbr-or.com/fall-bar



REGISTER ONLINE

PLAYER 1

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

EMAIL _____

COMPANY _____

INTERESTED IN GROUP INFO? ☐ Yes ☐ No

PLAY FROM SENIOR DISTANCES? ☐ Yes ☐ No

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

PLAY FROM SENIOR DISTANCES? ☐ Yes ☐ No

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

PLAY FROM SENIOR DISTANCES? ☐ Yes ☐ No

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

PLAY FROM SENIOR DISTANCES? ☐ Yes ☐ No

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 \$950 if paying by check | \$978 if paying by credit card (includes \$28 processing fee).

Send check made out to "Black Butte Ranch" with this printed form to: Dan McCleery, PO Box 8000, Sisters, OR 97759.

Credit Card Number* _____ Expiration Date _____

Cardholder's Name _____ Amount to Charge _____

Authorized Signature _____ Check Enclosed \$ _____