

CHIP SHOT 2023



FRIDAY OR SATURDAY JUNE 23 OR 24

RED WOLF GOLF CLUB

TRISTATEHOSPITAL.ORG/CHIPSHOT

FEES:

\$115 PER PERSON | \$460 PER TEAM

This includes green fees, golf shirt, snacks, and our sensational beverage service! **Cart rental not included. Reserve at the Pro Shop, 509.758.7911**

TEE TIMES:

Please indicate below which tee time you prefer. First come, first serve! We will try our best to accommodate your preference.

PAYOUTS:

3 FLIGHTS - PAYOUT ON GROSS & NET

Men Only • Women Only
Mixed Teams

PRIZES:

KP Men/Women • Longest Putt
Longest Drive • Hole-In-One Prizes

HANDICAPPING FORMULA:

Individual Handicap	Tournament Handicap	Average Score
0-5	3	75 & under
6-10	2	76-80
11-15	1	81-85
16-20	0	86-90
21-25	-1	91-95
26-30	-2	96-100
31-36	-3	100 & over

For players with an established handicap, use the Individual Handicap column to determine your tournament handicap. All others, use the Average Score column. No more than ONE team member with a handicap under ten (USGA Index). Minimum team handicap of 50 (USGA Index).

TITLE SPONSORS:



MAJOR SPONSOR:



HOLE-IN-ONE SPONSOR:



PRIZE SPONSOR:



AWARD SPONSORS:



For more information, please call 509.758.4902, email foundation@tsmh.org, or visit TriStateHospital.org/ChipShot

TO RECEIVE A SHIRT, ENTRY FORM DUE: JUNE 7, 2023

TO ENTER THE TOURNAMENT, ENTRY FORM DUE: JUNE 17, 2023, OR WHEN FIELD IS FULL

Please fill out this form and return with payment or enroll and pay online at TriStateHospital.org/ChipShot.

Return registration form with payment to: Tri-State Hospital Foundation, PO Box 636, Clarkston, WA 99403 • Fax: 509.758.8768 • Phone: 509.758.4902

Team Name: _____

Player 1: Name _____

Phone _____ Shirt Size _____

Address _____

Email _____

Player 2: Name _____

Phone _____ Shirt Size _____

Address _____

Email _____

Player 3: Name _____

Phone _____ Shirt Size _____

Address _____

Email _____

Player 4: Name _____

Phone _____ Shirt Size _____

Address _____

Email _____

Entry Fee	Mulligans 2/\$10 (1 for front 9/1 for back 9)	Avg. Score/ Handicap	Tournament Handicap	Team Tee Time Preference	Day Preference
\$115	YES <input type="checkbox"/> \$10 ⁰⁰	_____	_____	<input type="checkbox"/> Early Morning 8-9 am	<input type="checkbox"/> Fri. 6/23
\$115	YES <input type="checkbox"/> \$10 ⁰⁰	_____	_____	<input type="checkbox"/> Mid Morning 9-10 am	<input type="checkbox"/> Sat. 6/24
\$115	YES <input type="checkbox"/> \$10 ⁰⁰	_____	_____	<input type="checkbox"/> Late Morning 10-11 am	
\$115	YES <input type="checkbox"/> \$10 ⁰⁰	_____	_____		
Column Totals		Total Team Handicap			

Column Totals

TOTAL ENCLOSED:
(Total of all columns)

Payment: Check/cash enclosed

I paid by phone, 509.758.4902

I registered online at TriStateHospital.org/ChipShot