

CHIP SHOT



JUNE 21 OR 22
RED WOLF GOLF CLUB
TSH.ORG/CHIPSHOT



FEES:

\$125 PER PERSON | \$500 PER TEAM

This includes green fees, swag, snacks, lunch 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 | 0 | 79 & under |
| 6-15 | 1 | 80-89 |
| 16 & over | 2 | 90+ |
| No experience | 3 | No experience |

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).

TITLE SPONSORS:



PHYSICIANS INSURANCE

MAJOR SPONSOR:



HOLE-IN-ONE SPONSOR:



AWARD SPONSOR:



SWAG SPONSOR:



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

TO ENTER THE TOURNAMENT, ENTRY FORM DUE: JUNE 12, 2024, OR WHEN FIELD IS FULL

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

Return registration form with payment to: TriState Health Foundation, PO Box 636, Clarkston, WA 99403 • Fax: 509.758.8768 • Phone: 509.758.4902

Team Name _____

Player 1: Name _____

Phone _____

Address _____

Email _____

Player 2: Name _____

Phone _____

Address _____

Email _____

Player 3: Name _____

Phone _____

Address _____

Email _____

Player 4: Name _____

Phone _____

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 |
|----------------------|--|----------------------------|------------------------|--|------------------------------------|
| \$125 | YES <input type="checkbox"/> \$10 ⁰⁰ | _____ | _____ | <input type="checkbox"/> Early Morning 8-9 am | <input type="checkbox"/> Fri. 6/21 |
| \$125 | YES <input type="checkbox"/> \$10 ⁰⁰ | _____ | _____ | <input type="checkbox"/> Mid Morning 9-10 am | <input type="checkbox"/> Sat. 6/22 |
| \$125 | YES <input type="checkbox"/> \$10 ⁰⁰ | _____ | _____ | <input type="checkbox"/> Late Morning 10-11 am | |
| \$125 | YES <input type="checkbox"/> \$10 ⁰⁰ | _____ | _____ | | |
| Column Totals | | Total Team Handicap | | | |

TOTAL ENCLOSED:
 (Total of all columns)

Payment:

- Check/cash enclosed
- I paid by phone, 509.758.4902
- I registered online at TSH.org/ChipShot