Join us for a four person scramble at Charbonneau Golf Club and support the Children’s Miracle Network Hospitals.

Charbonneau Golf Club
32020 SW Charbonneau Dr.
Wilsonville, OR 97070
(503) 694-1246

This event is open to anyone interested, for more information, contact Ricki Nicoud at ricketta.l.nicoud@riteaid.com or call her at 503.685.6069

Good company, food and golf during our annual Rite Aid CMNH Golf Scramble Fundraiser. Help us support Doernbecher Children’s Hospital on Saturday, September 15th.

- Play one of Oregon’s finest golf courses
- Meet & golf with friends & family
- Take home great prizes

Children’s Miracle Network Hospitals

7th Annual Golf Scramble Fundraiser
Saturday, September 15, 2018
Charbonneau Golf Club
Wilsonville, Oregon

benefitting...
SPONSOR OPTIONS

**Tournament Sponsor: $1,200**
Includes golf for four, banner with sponsor’s name

**Tee Sponsor: $125**
Prominently displayed on t-box

**Teams: $500**
**Individual Entry: $125**

All donations are greatly appreciated!

CONTESTS

**Putting Contest: $5**
Winner receives 50-50 of entries

**Mulligan Package is included with entry fee.**
Package includes one tee shot mulligan, one sand wedge, one foot wedge, one bush wedge and 6 ft. string for putting.

**Honey Pot Hole: $5**
Winner receives 50-50 of entries.

PRIZES

- 1st, 2nd & 3rd Place Teams
- Longest Drive Men & Women
- KP Men & Women

Space is limited; please register early to secure your spot! Mail entry form & payment by **August 31st**. Payment secures your reservation.

Send check payable to:
Rite Aid/CMNH – Attn: Ricki Nicoud
29555 SW Boones Ferry Rd.
Wilsonville, OR 97070

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Golf Scramble Fundraiser
for the Children’s Miracle Network
benefitting Doernbecher Children’s Hospital
Charbonneau Golf Club – Saturday, September 15th
2:00pm Shotgun Start

Team Leader: ____________________________
Address: ____________________________________________
City: __________________ State: ______ Zip: __________
Email: __________________ Phone: __________________

Player 2: ________________________________
Address: ______________________________________
City: __________________ State: ______ Zip: __________
Email: __________________ Phone: __________________

Player 3: ________________________________
Address: ______________________________________
City: __________________ State: ______ Zip: __________
Email: __________________ Phone: __________________

Player 4: ________________________________
Address: ______________________________________
City: __________________ State: ______ Zip: __________
Email: __________________ Phone: __________________

Tournament Sponsor ____________ Tee Sponsor ____________ Team Entry ____________
Individual Entry ____________ Donation Only ____________ Total ____________