

11TH ANNUAL
BRAIN INJURY ASSOCIATION
GOLF TOURNEY
ENTRY FORM



Make checks payable to:
Brain Injury Association
c/o Judy Shaw
833 SW 11th Avenue, # 507
Portland, OR 97205

NAME: _____

ADDRESS: _____

PHONE / EMAIL: _____

ARE YOU PLAYING ON A TEAM?: YES NO

(IF YES) NAMES OF OTHER TEAM MEMBERS: _____

WILL YOU BE STAYING FOR THE BAR-B-QUE? YES NO

DO YOU NEED A VEGETARIAN MEAL? YES NO

ARE YOU BRINGING ADDITIONAL PEOPLE TO THE BAR-B-QUE? YES NO

(IF YES) HOW MANY? _____

(Please note: There will be an additional \$15 charge for people not playing in the tournament to attend the barbecue.)

