

3RD ANNUAL JOHN J. ZUPAN MEMORIAL

Golf Tournament

 Friday, September 19th, 2014 

Columbia Edgewater Country Club | 2220 NE Marine Drive, Portland

**100% of proceeds will benefit the John J. Zupan Foundation,
supporting Legacy Emanuel Medical Center.**

You never know when you or someone you love will need it.

After being hit by a car in August 2011, John Zupan arrived in critical condition at Legacy Emanuel Medical Center. Because of the expertise of the trauma team and their service to him, he was kept alive until family and friends could arrive. The love, support, and compassion provided by the team of surgeons, nurses, and staff made a truly lasting impression on the Zupan family. For this reason, the John J. Zupan Foundation was created, to support the critical care expansion and transformation of the Legacy Emanuel Trauma Program, and help others receive the same extraordinary service and care.

Legacy Emanuel Medical Center is a full status Level-I Trauma Center. It is recognized as one of the leading centers for trauma in the Pacific Northwest, and is one of only two local emergency departments providing cutting-edge trauma services and treatment of diverse problems to a large number of patients. The highly skilled trauma team treats thousands of patients each year for a wide variety of life-threatening injuries.

Four-Person Shamble

\$1,000 Individual
\$4,000 Foursome

Prizes

1st, 2nd, and 3rd Place,
Hole In One (All Par 3s)

Entry Includes

18 Holes of Golf, Tee Prize, Lunch
on Course, Awards Dinner Ticket.
(Additional tickets for dinner may be
purchased for \$100, please check
appropriate box below.)

Schedule

11 am Registration, Driving Range
& Putting Green Open
1 pm Shotgun start (lunch served
on the course)
6 pm Cocktail Reception
7 pm Awards Dinner & Celebration

Registration

- Single Golfer \$1,000
 Foursome \$4,000
 Additional Dinner Guests
\$100 each # _____

Name (Registrant): _____
Phone: _____
Address: _____
Email: _____
Additional Names (Foursome):
1. _____
2. _____
3. _____

Payment Information

Amount Paid: \$ _____
Paid by: Credit Card Check*
Name on Card: _____
Card Type: _____
Card Number: _____
Exp. Date: _____
3 Digit Code on Back _____
* Make checks payable to the John J. Zupan Foundation,
501(c)(3) non-profit organization, Tax ID# 45-5501750.

Please mail registration and payment to John J. Zupan Foundation, 7223 NE Hazel Dell Avenue, Vancouver, WA 98665