

with support from local Rotary Clubs



**5<sup>th</sup> ANNUAL FUNDRAISER**

**GOLF TOURNAMENT**

Friday, August 13, 2010  
Newaukum Valley Golf Course

11:00 a.m. Registration

11:30 a.m. Pre-games

1:00 p.m. Shotgun start

\$75 per player

*Proceeds support patients of Valley View Health Center*

Fee includes green fee, golf cart, hot dog lunch & dinner following tournament

Putting contest; Longest Drive; Chipping Contest & more \$15 each.

**Register and pay before July 1 and your team receives warm-up games FREE!**

**Individual or Team Registration**

(Teams may include all or mix of men or women)

Player 1 \_\_\_\_\_ M\_\_F\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Player 2 \_\_\_\_\_ M\_\_F\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Player 3 \_\_\_\_\_ M\_\_F\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Player 4 \_\_\_\_\_ M\_\_F\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**additional Dinner guest tickets: \_\_\_\_\_ \$20.00 each = \$ \_\_\_\_\_**

**Players \$75 each = \$ \_\_\_\_\_ Total Payment due: \$ \_\_\_\_\_**

**checks payable to VVHC**

**Mail to: Valley View Health Center 2690 NE Kresky Ave., Chehalis, WA 98532**

Please call Leslie, Linda or Roberta for more information at 360-330-9595  
or email rbryan@vvhc.org

**AUTHORIZATION AGREEMENT FOR CREDIT CARD CHARGES**

I hereby authorize VVHC to initiate credit card charges for the amount of: \$ \_\_\_\_\_.

Name as appears on card (print) \_\_\_\_\_

Type of Credit Card: Mastercard \_\_\_\_\_ VISA \_\_\_\_\_

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_