



with support from local Rotary clubs

6th ANNUAL FUNDRAISER
GOLF TOURNAMENT
 Friday, August 12, 2011
 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 shirt, green fee, golf cart, hot dog lunch & dinner following tournament

Pre-games \$15 per player

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

Individual or Team Registration
 (Teams may include all men, all women or a mix)

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: _____