



**Memorial Scholarship
Golf Tournament
Honorees**

Gerald Nolen



Melvin Crowder



Jim Matson

Delmar Smith

*This tournament honors the
above men who have served our
industry. All proceeds from this
tournament fund scholarships in
their names. We hope you will
join us in honoring our friends and
peers by participating in this
tournament that enables their
memory to live on.*

*Washington State Horticultural Association
PO Box 136
Wenatchee WA 98807*



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Permit No. 377



**17th Annual
Memorial
Scholarship
Golf Tournament**



**August 3, 2010
Lake Chelan Municipal
Golf Course
Chelan, Washington**

Tournament Agenda

Tuesday, *August 3*, 2010

Lake Chelan Municipal Golf Course

12 Noon

Check-in Begins at Clubhouse

1:30 p.m.

Shot-gun Start of Scramble Tournament

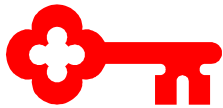
6:00 p.m.

BBQ, Awards Ceremony & Raffle

Golf Registration Includes:

- ‡ Green Fees for 18 Holes
- ‡ Golf Cart Rental
- ‡ Commemorative Hat
- ‡ Team Photo
- ‡ BBQ Dinner
- ‡ Entry into Longest Drive, KP & Other Tournament Contests
- ‡ Hole-in-One Prizes!

Thank you to the following tournament sponsors:



Key Bank



GOOD FRUIT
GROWER

Tournament Registration

-Registration Deadline is July 26-

Team of Four Golf & BBQ	\$400.00	\$
Individual Golf & BBQ	\$135.00	\$
Hole Sponsorship***	\$200.00	\$
Individual BBQ Only	\$60.00	\$
Scholarship Contribution	optional	\$
TOTAL		\$

(Hole Sponsorships are a great way to promote your company at the tournament! Your company name and logo will be put on a sign and displayed at a hole tee off.)

*****Hole Sponsorship signage should read:**

Payment Options Below

*Payment **Must** be Received **PRIOR** to Tournament*

- Bill Me
- Check (*Payable to WSHA Scholarships*)
- Visa
- MasterCard

Credit Card # _____ Exp. Date _____

CVV2# (3-digit code) _____ Billing Zip Code _____

Name on Card _____

PLEASE RETURN REGISTRATION FORM AND PAYMENT TO:

Washington State Horticultural Association
PO Box 136
Wenatchee WA 98807

Phone: 509.665.9641 | Fax: 509.665.8541

PLEASE PRINT LEDGIBLY AND CLEARLY.

Team or Individual Name:
Player 1: Handicap: _____ or 18 hole average _____
Player 2: Handicap: _____ or 18 hole average _____
Player 3: Handicap: _____ or 18 hole average _____
Player 4: Handicap: _____ or 18 hole average _____

Contact Information

Name: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____