



**Memorial Scholarship  
Golf Tournament  
Honorees**

**Gerald Nolen**



**Melvin Crowder**



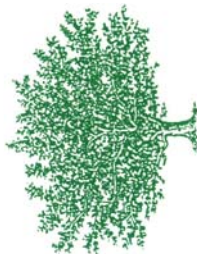
**Jim Matson**

**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.*

Nonprofit Org  
US Postage Paid  
Wenatchee WA  
Permit No. 377

*Washington State Horticultural Association  
2900 Euclid Ave.  
Wenatchee, WA 98801*



**19th Annual  
Memorial  
Scholarship  
Golf Tournament**



**August 7, 2012  
Lake Chelan Municipal  
Golf Course  
Chelan, Washington**

# Tournament Agenda

Tuesday, *August 7*, 2012

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.**

## 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 2012 Headline Tournament Sponsors:



# Tournament Registration

*-Registration Deadline is July 25-*

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

*(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 the August 1,*

- 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**  
c/o Pam McNeill at 2900 Euclid Ave.  
Wenatchee WA 98801

**Phone: 509.665.9641 | Fax: 509.665.8541**

**PLEASE PRINT LEDGIBLY AND CLEARLY.**

<b>Team or Individual Name:</b>
<b>Player 1:</b>  Handicap: _____ or 18 hole average _____
<b>Player 2:</b>  Handicap: _____ or 18 hole average _____
<b>Player 3:</b>  Handicap: _____ or 18 hole average _____
<b>Player 4:</b>  Handicap: _____ or 18 hole average _____

## Contact Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_