

*We appreciate the
Commitment of the
2009 Tournament Sponsors*

Rachel Feek-Gutru
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Sodexo Health Care Services
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Western Washington Medical Group
Waste Management Northwest
Monroe Vision Clinic

W.L. Bechtold
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Radia

For more information on the tournament
or sponsorship opportunities
Contact

Lin McIlrath
Foundation Manager
(360)805-6304
lmcilrath@valleygeneral.org

The Valley General Hospital Foundation
is a non-profit, 501(c)(3) organization
with the sole purpose to raise
funds to advance the
mission and benefit
Valley General Hospital
and the communities of
Snohomish County
Public Hospital District No. 1

The Foundation's ability to support
programs and services at
Valley General Hospital
is directly dependent upon the generosity
of community members like you.
Each tax-deductible gift, large or small,
makes a difference and contributes
to true community medicine.

*All proceeds benefit
Valley General Hospital*

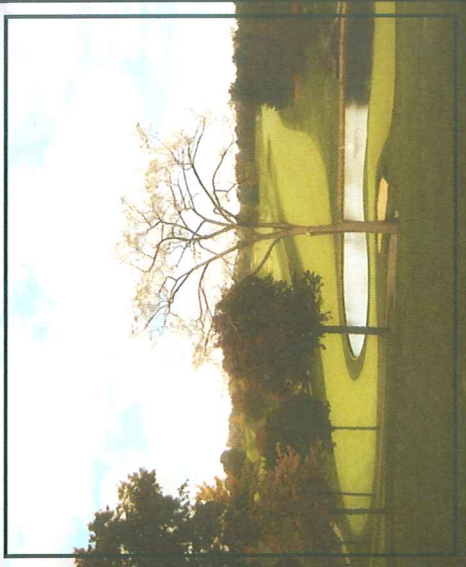
14701 179th Avenue SE
P.O. Box 1522
Monroe, Washington, 98272
www.valleygeneral.com

VALLEY GENERAL
H O S P I T A L
FOUNDATION

"Golfing for the Health of it"

Friday, June 11, 2010
Snohomish Golf Course
Snohomish, Washington

Fifteenth Annual
Joseph Feek Memorial
Golf Tournament



Tournament Schedule

11:30 am Registration
1:00 pm Shotgun Start
6:00 pm Dinner

Immediately Following Tournament

No-host Social
Dinner
Awards

Snohomish Public Golf Course
7806 147th Avenue SE
Snohomish, Washington 98290
360-568-2676

Tournament Information

Join us in
"Golfing for the Health of it"
on

Friday, June 11, 2010
Snohomish Golf Course
Snohomish, Washington

Registration Fee

\$100.00 per Player
or
\$400.00 per Foursome

Registration Includes

Player Gift Bag
Green Fees
Cart Rental
Dinner

(additional dinner guest \$20.00)

Registration

Please return registration by
Friday, May 28, 2010
(in the enclosed envelope)

Player One _____
Form of Payment: Check/Visa/MC
Credit Card # _____
Expiration Date _____

Player Two _____
Form of Payment: Check/Visa/MC
Credit Card # _____
Expiration Date _____

Player Three _____
Form of Payment: Check/Visa/MC
Credit Card # _____
Expiration Date _____

Player Four _____
Form of Payment: Check/Visa/MC
Credit Card # _____
Expiration Date _____

Additional Dinner Guests: _____