

You are invited to celebrate
Cruzin' Through the Decades
at the 16th annual
Apple Blossom Festival Golf Classic
on Friday, April 30, 2010



Location:
HIGHLANDER
GOLF COURSE
in East Wenatchee
www.highlandergolfclub.com

DEADLINE FOR ENTRIES & FEES
March 10th!

OR UNTIL THE FIELD IS FULL
(Field is limited to 144 golfers – up to 36 teams)
NO REFUNDS AFTER APRIL 1st!

\$120 PER GOLFER - INCLUDES:

- * A 4-man Scramble Format
- * 2 Golf Carts per Team
- * Entry into the Apple Blossom KP Contest
 - * "Tee Bags"
 - * Brown Bag-Style Lunch
 - * Team Photo

with Apple Blossom Royalty courtesy of JP Portrait Studio

- * Awards & dinner immediately following

There will be hosted Pop/Water Beverage Stations and
2 traveling Beverage Carts throughout the course!

SCHEDULE FOR THE DAY

8 - 9 a.m. - Registration & Photos w/Royalty
9:30 a.m. - Tee Time (Shotgun Start)

PRIZES ARE AWARDED FOR THE FOLLOWING:

Highest gross overall

1st, 2nd, 3rd Lowest Net in 2 divisions

KP Contest sponsored by Valley Tractor

Longest drive men's & women's sponsored by Town Toyota

Hole-In-One for an '10 vehicle sponsored by Sangster Motors

Sponsor a hole for \$225 & get a Free Golfer!

When you sponsor a hole you receive: One free golfer; an 8x10 Royalty Portrait; business listing in the Festival Souvenir Program & on the Festival Website; and a Flag advertisement at the hole!

Name _____
Company or Team Name _____
Address _____
City _____ ST _____ Zip _____
E-mail _____ Phone _____
_____ PLEASE PUT ME ON A FOUR-SOME _____
GHIN # or Handicap _____

OR MY TEAM CONSISTS OF _____ GHIN # or Handicap _____
Myself #1 _____
#2 _____
Address _____
#3 _____
Address _____
#4 _____
Address _____

HANDICAPS / USGA CARDS WILL BE CHECKED AT REGISTRATION!

**If you don't give a GHIN Number you will receive the course average!

PLEASE CHECK ALL THAT APPLY:

_____ My Company would like to sponsor a hole for \$225
_____ I have enclosed a check(s) for \$ _____ (\$120 per golfer)
_____ Please charge my credit/debit card \$ _____
account # _____ exp. Date _____

Signature _____

Please fill out completely by March 10, 2010!

Detach & return form with payment to:

WSABF * PO Box 2836 * Wenatchee, WA 98807*

Phone: (509) 662-3616 * Fax: (509) 665-0347

- Keep the other half for your information -