

THE EXCHANGE CLUB OF HEMET-SAN JACINTO VALLEY
THE FRIENDS OF VALLEY-WIDE FOUNDATION AND
VALLEY-WIDE RECREATION AND PARK DISTRICT PRESENT:

★ THE WEEKEND ★



SPURS, BEERS & SPUDS

LIVE COUNTRY BAND ★ SAMPLE CRAFTED BEERS

March 23rd & 24th, 2012

GOLF TOURNAMENT

Friday, March 23, 2012

THE COUNTRY CLUB AT SOBOBA SPRINGS

1020 SOBOBA ROAD - SAN JACINTO

10:30 A.M. - 12 P.M. CHECK-IN, REG. & LUNCH

12 - 6 P.M. TOURNAMENT & AWARDS BANQUET

DINNER & AUCTION

Saturday, March 24, 2012

5:30 P.M. - VALLEY-WIDE RECREATION

No-Host Bar - Buffet Courts & Silent Auction

8:30 - 10 P.M. - Live Auction & Grand Prize Drawing

VALLEY-WIDE RECREATION 901 W. ESPLANADE • SAN JACINTO, CALIF. (951) 654-1505

WWW.FRIENDSOVALLEYWIDE.ORG • SEE REVERSE SIDE FOR DETAILS AND SIGN UP FORM

★ THE WEEKEND ★

FRIENDS OF
VALLEY-WIDE FOUNDATION
P.O. BOX 5599 • HEMET, CA 92544
www.friendsofvalleywide.org

SPURS, SPUDS & SUDS GOLF TOURNAMENT - DINNER & AUCTION March 23rd & 24th 2012

For Additional Information, Call 951.654.1505

For Golf Entry, Dinner Tickets and/or Ad Sponsorship, tear off and send with your check
Dinner Tickets can be purchased by visiting our website: www.theweekend.com

_____ Golf Entry @ \$125/person	= \$ _____
_____ Golf Entry (After March 2nd) @ \$150/person	= \$ _____
_____ Dinner Tickets @ \$40/Person	= \$ _____
_____ Premium Reserved Table of 8 @ \$350 (Limited Number)	= \$ _____
_____ Ad Sponsor Business Card @ \$45	= \$ _____
_____ Ad Sponsor Half Page @ \$75	= \$ _____
_____ Ad Sponsor Full Page @ \$150	= \$ _____
TOTAL	= \$ _____

[] Visa [] MasterCard Name on Card: (Print) _____

Card No. _____ Exp. Date: _____ CCV Code _____

Signature: (Required for Visa/MasterCard) _____

Mailing Address: _____

MAKE CHECKS PAYABLE TO: Friends of Valley-Wide Foundation, P.O. Box 5599, Hemet, California 92544

GOLF ENTRY FORM

Golfer 1: _____
NAME ADDRESS

_____ CITY STATE ZIP HANDICAP/SCGA# PHONE#

Golfer 2: _____
NAME ADDRESS

_____ CITY STATE ZIP HANDICAP/SCGA# PHONE#

Golfer 3: _____
NAME ADDRESS

_____ CITY STATE ZIP HANDICAP/SCGA# PHONE#

Golfer 4: _____
NAME ADDRESS

_____ CITY STATE ZIP HANDICAP/SCGA# PHONE#

FORMAT: 4-person scramble. Only 1 person in the group may have a handicap of 10 or less. You may sign up with less than 4 people, and you will be assigned to a team. Cost is \$125 per golfer (\$150 after March 2). Cost includes green fees, ½ cart, tee prizes, refreshments on the course and an after golf buffet.

Tax Deductibility: Included in the registration fee are amounts to cover the fair value of golf fees, food, and other benefits to you. \$50.00 of the amount is a TAX DEDUCTIBLE charitable contribution to our 501(c)(3) organization (Tax I.D. #33-0475449).