

Celebrating 26 years as one of the region's best golf tournaments!

Highline Medical Center Foundation's Annual Golf Classic continues its support of programs and services that improve the health of our community. Join us for a spectacular event that is as meaningful as it is fun!

General Information

11:30 am - Registration, Driving Range, Lunch

1:00 pm - Shotgun Start (Scramble format)

Awards Dinner, Silent Auction & Raffle immediately following play.

Washington National Golf Club
14330 SE Husky Way
Auburn, WA

For course rules, visit
www.washingtonnationalgolfclub.com

On-course Contests

Hole #2 - Longest Drive - Men's

Hole #5 - \$20,000 Hole-In-One contest

Hole #8 - Closest to the Pin - Men's

Hole #16 - Closest to the Pin - Women's

Hole #18 - Longest Drive - Women's

Putting Contest

- Prizes awarded to members of the top two foursomes in five divisions and top two women foursomes.
- Every golfer receives a tee prize at check-in.

**For sponsorship or more information,
please call (206) 901-8500 or email
events@highlinemedical.org**

RESERVATION CARD *(Please print clearly)*

Name _____ Handicap or Avg. Score _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Day Phone (_____) _____

Event Sponsor \$3,500 \$ _____
(includes one foursome)

Corporate Sponsor \$1,250 \$ _____

Hole Sponsor \$500 \$ _____

Foursome \$1,000 \$ _____

Individual Golfer \$250 \$ _____

Awards Dinner only \$50 \$ _____ **Total \$** _____

Check enclosed MasterCard Visa

Card # _____ Exp. Date _____

Name (as it appears on card) _____

Address _____ Zip _____
(Billing address, if different from above)

Other Golfer Names in Foursome *(please print):*

(1) Name _____ Handicap or Avg. Score _____

Address _____

City _____ State _____ Zip _____

Email _____ Day Phone (_____) _____

(2) Name _____ Handicap or Avg. Score _____

Address _____

City _____ State _____ Zip _____

Email _____ Day Phone (_____) _____

(3) Name _____ Handicap or Avg. Score _____

Address _____

City _____ State _____ Zip _____

Email _____ Day Phone (_____) _____

**Please detach this card and return, with payment, to Highline Medical Center Foundation:
16259 Sylvester Rd. SW, Suite 101 Burien, WA or fax to (206) 901-8509.
Registration form available at www.highlinemedicalcenter.org**

