



15th Annual Harvest Classic Golf Tournament

Thursday, September 21, 2017

Palouse Ridge Golf Club at Washington State University

1260 Palouse Ridge Drive, Pullman, WA 99164

509-335-4342, www.palouseridge.com

Check-In 11:30 a.m. - Shotgun Start at 1:00 p.m.

Registration Form

Space is limited and the deadline is September 2, 2017.

\$ 100 Individual or \$400 Team of Four

Includes golf, carts, tee prizes, lunch and evening banquet.

Please send registration with payment to:

Washington Wheat Foundation Harvest Classic

c/o Kate Malone

36952 Rd J NE; Coulee City, Wa 99115

(phone) 509-710-3559

Kate25malone@hotmail.com

On the day of the event, check-in begins at 11:30 a.m. *Arrive early for the putting competition.* Bag lunches are provided as part of your package. All teams must meet in a general area approximately 12:45 p.m. for announcements before traveling to their starting holes for the shotgun tee-off at 1:00 p.m. Reception will begin approximately at 5:30 p.m., followed by the banquet at approximately 6:30 p.m.

Proceeds Benefit the Washington Wheat Foundation

In their mission to economically advance the small grains industry by building support for programs and activities that increase public awareness of farming's responsible approach to the essential production of our safe food supply, and the development of new knowledge about environmentally sound farming practices



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INDIVIDUAL

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Handicap _____

TEAM

Team Sponsor Name _____

Player 1/Team Captain and contact

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Handicap _____

Player 2

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Handicap _____

Player 3

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Handicap _____

Player 4

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Handicap _____

PAYMENT INFORMATION

Check (# _____) Visa Mastercard

Name as it appears on card _____

Card # _____ Exp Date _____ CV # _____

Total Enclosed \$ _____