

Tournament Dinner only

Payment: Dinner only: \$60

___ Dinner(s) only x \$60 ea. \$ _____
CC# _____
Exp: _____ Name: _____

Proceeds from the tournament help support youth development programs at BI & the JCCGV

GOLF CO-CHAIR Gerald Tritt
Shannon Etkin, BI ED.
Rick Nelson, JCCGV ED.

Sponsorship Opportunities:

DON'T MISS OUT ON PROMOTING YOUR BUSINESS OR SERVICE AT THIS EVENT.

To find out more details about hole sponsorships and other promotional opportunities contact:

Shannon at 604 731-4161
shannon@bethisrael.ca
or Rick 604 257-5111
rick@jccgv.bc.ca

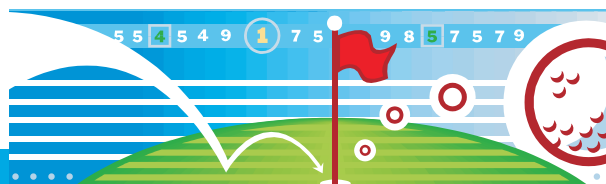
Shot Gun Start Texas Scramble Team Format

Registration Includes:

- 18 holes of superb golf
- Shared power carts
- Special events throughout the course
- Great prizes and draws
- Sumptuous kosher dinner & hot dog lunch
- Complimentary Refreshment Cart
- State of the art scoring & video presentation
- Amazing Hole in One Prizes

Further Information:

604 731- 4161 or
604 257- 5111



7th Annual

Congregation Beth Israel &
Jewish Community Centre
of Greater Vancouver



THURSDAY
AUGUST 20, 2009
1:00 TEE OFF

At the magnificent
Westwood Plateau
Golf and Country Club

Join us for some wonderful golf, great socializing, and lots of fun and prizes, while supporting two worthy institutions involved with youth and the community.

Directions:

Westwood Plateau Golf & Country Club
3251 Plateau Boulevard
Coquitlam, BC V3E 3B8
604-945-4007

Downtown Vancouver

1. Exit Vancouver via 12th Avenue (Grandview Hwy).
2. Proceed east onto the #1 (TransCanada Hwy).
3. Follow the #1 to Exit #44
4. Follow Exit #44 to Highway #7 East (Lougheed Hwy)
5. Proceed along the #7 until the intersection of Lougheed & Barnet
6. Turn Left on Barnet (across from the Coquitlam Centre Mall)
7. Take your next right on Johnson Str.
8. For the Country Club - follow Johnson up the hill. The Country Club will be on your right.

Approximate time - 40 to 60 minutes.

Player Registration (Tournament Fee: \$250)

Tax receipts will be issued according to tax regulations; Cheque (payable to Beth Israel) or Credit Card

Player 1: _____

Tel: _____

Email: _____

Address _____

Payment: Visa MC

CC#: _____

Name _____ Exp: _____

Player 3: _____

Tel: _____

Email: _____

Address _____

Payment: Visa MC

CC#: _____

Name _____ Exp: _____

Player 2: _____

Tel: _____

Email: _____

Address _____

Payment: Visa MC

CC#: _____

Name _____ Exp: _____

Player 4: _____

Tel: _____

Email: _____

Address _____

Payment: Visa MC

CC#: _____

Name _____ Exp: _____

Please fax back to: BI 604.731.4989 or JCCGV 604.257.5121

SOFT SPIKES ONLY, PLEASE.

