



15th Annual Walter Jones Golf Classic and Awards Dinner

Sponsored by the ASHP Foundation to benefit the
Walter Jones Memorial Pharmacy Student Financial Aid Fund

Sunday, September 19, 2010
PB Dye Golf Club, Ijamsville, Maryland

Named in memory of a 29-year veteran ASHP staff member, the Walter Jones Golf Classic and the Walter Jones Memorial Pharmacy Student Financial Aid Fund serve as living tributes to Walter's true affection and interest in the success of pharmacy students—a feeling that played a significant role in his activities at ASHP.

Thanks to the Walter Jones Golf Classic and Fund, every year the Foundation is able to offer awards of \$2,500 to the top 12 pharmacy students in the nation. Donations from our supporters go directly to the Walter Jones Memorial Pharmacy Student Financial Aid Fund. Registration fees pay for the costs associated with the celebratory event along with a small donation to the Fund.

Golf Classic Schedule

10:30 a.m. to noon	Registration, sale of mulligan tickets, driving range, putting green and box lunch available
Noon to 4:30 p.m.	Play, Shotgun start
5 p.m to 6:30 p.m.	Awards Dinner

Format: 18-hole, 4-Person Scramble, Captain's Choice.

Foursomes: Individuals may choose their own teammates. Each individual must submit a completed registration form listing their preferred partners. If you have no preferences, you will be assigned teammates.

Registration Fee: \$160 per player. Registration includes range balls, greens fee, golf cart, commemorative give-away, box lunch, awards dinner and more. \$55 of the registration fee is a tax-deductible donation to the Walter Jones Fund. Tickets are available for the awards dinner for \$35, of which \$15 is a tax-deductible donation to the Walter Jones Fund.

Prizes: Prizes will be presented during the Awards Dinner, conducted at the conclusion of the Classic. Prizes awarded will include top finishing teams, longest drive, longest putt and closest to the pin.

Contact: Bethany Coulter, Director of Communications (301) 664-8795 or bcoulter@ashp.org.



Registration is limited to 144 players. Please return completed form to the ASHP Foundation no later than Sept. 3, 2010, to Bethany Coulter, Director of Communications, 7272 Wisconsin Ave., Bethesda, MD, 20814; by fax to Bethany Coulter at 301-664-8895; or by e-mail to bcoulter@ashp.org.

PLAYER REGISTRATION FORM

Player #1 Name: _____

Address: _____

Phone: _____ Handicap (if known) _____ E-mail _____

Transportation needed? Yes No **Need to rent clubs?** Yes No
 I am participating in the golf tournament, but do NOT plan to stay for the awards dinner.

Player #2 Name: _____

Address: _____

Phone: _____ Handicap (if known) _____ E-mail _____

Transportation needed? Yes No **Need to rent clubs?** Yes No
 I am participating in the golf tournament, but do NOT plan to stay for the awards dinner.

Player #3 Name: _____

Address: _____

Phone: _____ Handicap (if known) _____ E-mail _____

Transportation needed? Yes No **Need to rent clubs?** Yes No
 I am participating in the golf tournament, but do NOT plan to stay for the awards dinner.

Player #4 Name: _____

Address: _____

Phone: _____ Handicap (if known) _____ E-mail _____

Transportation needed? Yes No **Need to rent clubs?** Yes No
 I am participating in the golf tournament, but do NOT plan to stay for the awards dinner.

If you are a sponsor, and your sponsorship includes player registrations, check this box (do not complete payment information).

Who is the sponsor you will be playing for? _____

If you are a player, the registration fee is \$160/player and includes dinner. (\$55 is a tax-deductible contribution to the ASHP Foundation and will appear on our donor list in memory of Walter Jones.) **I am purchasing** _____ **registrations.**

If you are attending the dinner only or have a guest who will be attending the dinner only, you will need to purchase a dinner ticket, which is \$35/person (\$15 is a tax-deductible contribution to the ASHP Foundation and will appear on our donor list in memory of Walter Jones). **I am purchasing** _____ **dinner tickets.** Please indicate your dinner guests' names here: _____

Method of Payment

Check or money order payable to ASHP Foundation. Checks must be drawn on U.S. Banks in U.S. Funds.

Charge to: MasterCard Visa American Express Discover

Account Number _____ Expiration Date _____

Name on Credit Card _____ Signature _____

Total amount of check or amount to be billed to credit card: \$ _____

I cannot attend, but enclosed is my check for or please bill my credit card for \$ _____ as a donation to the ASHP Foundation's Walter Jones Memorial Pharmacy Student Financial Aid Fund.