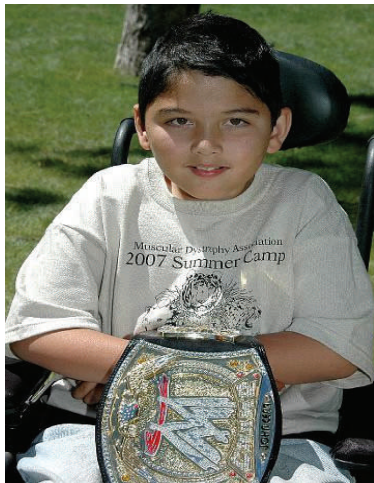


John Hall & Associates

Annual MDA Golf Classic

All proceeds benefit the
Greater Arizona Chapter of
the Muscular Dystrophy
Association



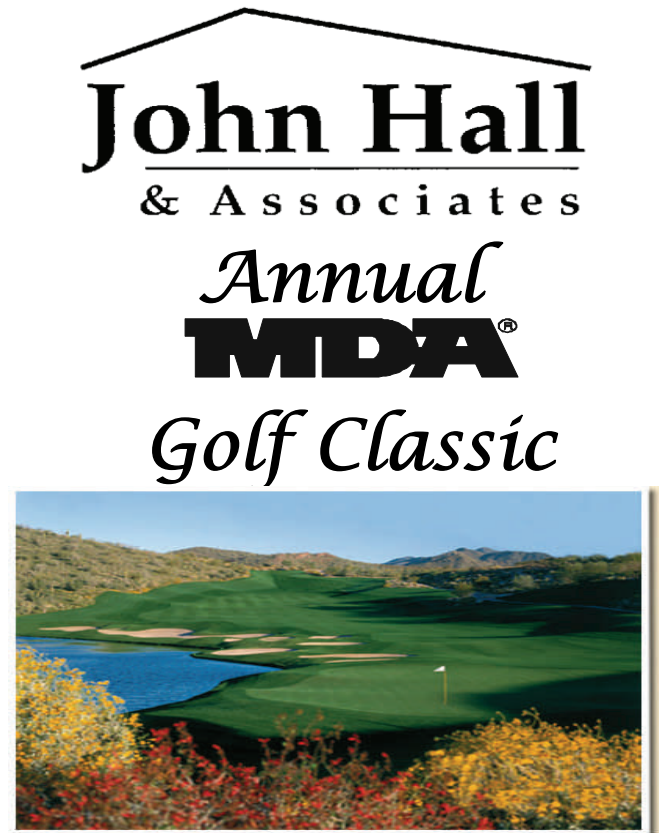
John Hall & Associates

Is PROUD to
have donated over

\$750,000 to MDA

FROM OUR ANNUAL GOLF
TOURNAMENTS

Win!
TRIP TO HAWAII
Opportunity Drawings!



MONDAY MAY 11, 2009

**14915 E. EAGLE
MOUNTIAN PARKWAY
FOUNTAIN HILLS, AZ 85268**

OPPORTUNITY DRAWING

To benefit the Muscular Dystrophy Association

YOU COULD WIN:

***6 day/5 night Hawaii Vacation**

Certificate at Marriott's Kaua Beach Club or Marriott's Ko'Olina Beach Club.

\$1500.00 VALUE

* **\$1000.00 Am Express. Gift certificate**

* **(2) \$200.00 PGA Superstore VIP Membership Performance Lab**

* **\$200.00 Dinner gift certificate to Wildfish Seafood Grill**

* **Firesky Spa Gift Certificate**

DRAWING DATE: MAY 11, 2009

-Need not be present to win-

Individual Ticket= \$20

Book of 6 = \$100

Tickets available at all 4 John Hall offices

Lunch Only: \$25.00

Name: _____

Format: 4 Person Scramble

Each player hits a tee-shot. The best shot is selected and each player hits from that position. Repeat until the hole is finished.

Fees include: Green Fee, Cart, Breakfast, Lunch, & Awards Ceremony.

Course Rules: Collared Shirts, No Jeans, Soft Spikes only.

Entry Form:

Participant 1:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-Mail _____

Avg. Score/Hndcp _____

Participant 2:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-Mail _____

Avg. Score/Hndcp _____

Participant 3:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-Mail _____

Avg. Score/Hndcp _____

Participant 4:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-Mail _____

Avg. Score/Hndcp _____



EAGLE MOUNTAIN
GOLF CLUB

Entry Fee: \$125.00

6:30 a.m. Check-in

8:00 a.m. Shotgun Start

Approx 1:00 p.m. Lunch

TOTAL AMOUNT DUE:

\$ _____

Please charge the amount shown to my:
VISA Master Card Discover Amex

Card # _____

Expiration Date: _____

Signature: _____

Mail this form with payment to:

John Hall & Associates

MDA Golf Tournament

Care of John Doyel

9633 E. Raintree Dr. Suite # 101

Scottsdale, AZ 85260