

INNER VISIONS



16th Annual
Thursday June 24, 2010

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Visit InnerVisions website at...
www.innervisionsrecovery.com

1937 Prairie Ave., Port Coquitlam, B.C. V3B 1V5



Often the longest journey one takes, is from the head to the heart!

InnerVisions

Recovery Centre

A Residential Alcohol and Drug Treatment Program

About InnerVisions

InnerVisions Recovery Society of BC is a non-profit charitable organization incorporated in June, 1991. The Society is made up of caring people who accept responsibility for endeavoring to understand and deal with the problems of personal addictions.

Mission Statement

We are **real people** who have ourselves recovered from the horrors and loneliness of addiction. We provide an escape from the brutality and degradation of addiction, in a safe and structured centre. We apply a rigorous program with a proven plan that we all follow to ensure success for everyone.

Beliefs & Values

- The intrinsic worth of every person.
- Empowerment of people to take responsibility for their own lives.
- Partnership with government and local resources to advance the good of the community.
- Recognition of preparation for change through responsible leadership.
- Volunteerism as a significant resource.
- Non-adversarial in approach.
- The desire to be a friendly, quality driven, ethical organization.

Three Recovery Stages

Stage 1: Takes the client up to Step 5 of the 12 Step program. Activities included are: complete clinical assessment, A.A. and N.A. meetings, group therapy, specialized medical attention, video and oral presentations, written assignments and step guides for a realistic application of the steps.

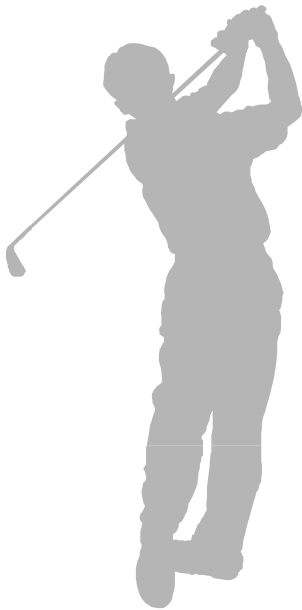
Stage 2: Step work continues towards Step 12. The client experiences daily group education and therapy, continued medical support, and completes an aftercare plan to facilitate a successful community re-integration. The client starts to re-connect with their family and considers employment goals and opportunities.

Stage 3: Some clients choose to reside in our safe-housing environment after completing the 60-day program. Clients have access to staff while they continue to build a support network and plan immediate futures of living accommodations, employment, and/or educational goals. The time here is 6 months, which in some cases can be extended.

Dear Friends,

We are having our 16th Annual Golf Tournament. Last year's effort was extremely successful due in a large part to individual and community services provided by caring people like yourself. Contributions of prizes, products and advertising helped to raise the much needed funds. We look forward to you joining us again and welcome your participation in this fun and most worthwhile event.

Sincerely,
Billy Weselowski
Executive Director



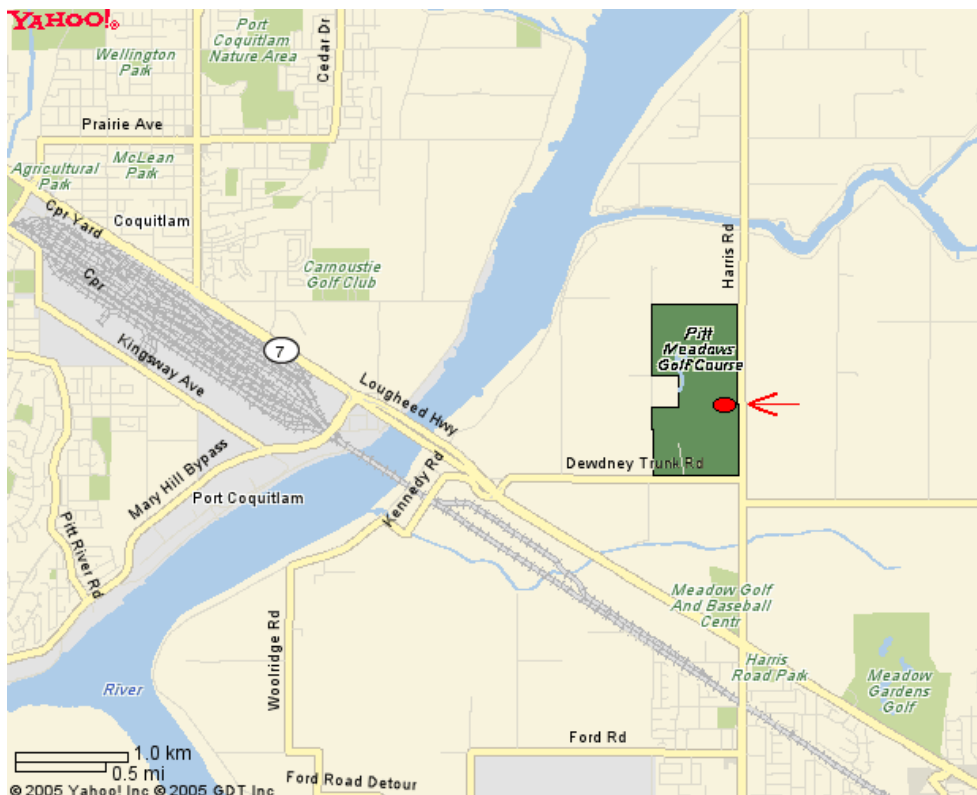
Our 2010 Tournament will be:

WHEN: Thursday, June 24th, 2010
WHERE: Pitt Meadows Golf Club
TIME: 11:00 AM - 12:30 PM Registration
1:00 PM SHOTGUN START

TEXAS SCRAMBLE
ONGOING PUTTING CONTEST

Dinner @ 6:30 pm, followed by presentation prizes & trophies and an auction.

Pitt Meadows Golf Club



SPONSORSHIP

Which Would You Like To Sponsor?

HOLE	Platinum	Gold	Silver
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	X \$1000.00 (incl. 2 green fees + cart)	\$500.00	\$350.00 = \$ _____
	Where Would You Like Your Sponsorship Sign? Tee: <input type="checkbox"/> Green: <input type="checkbox"/> _____		
What would you like to appear on your sponsorship sign: _____			

ALUMNUS	I would like to enable an alumnus to play in the tournament !		
	How Many?	<input type="text"/>	X \$150.00 = \$ _____

CASH	YES! <input type="checkbox"/> I would like to make a cash donation to the tournament!
	Donation Amount? \$ _____

Total Sponsorship & Donation Amount? \$ _____ (Tax Receipt Available)

REGISTRATION for June 24, 2010

GOLFER REGISTRATION	Player(s):	Name:	Phone #:	Fax #:
	1.)	_____	_____	_____
	2.)	_____	_____	_____
	3.)	_____	_____	_____
	4.)	_____	_____	_____
Reserve your carts at the Pitt Meadows Pro Shop by calling 604-465-4711 by June 14, 2010 (\$48.00 includes taxes is payable to Pitt Meadows Pro Shop)				
Number of Players:		_____ X \$150.00/each = \$ _____	Register 4 people and pay only \$550.00	
Dinner Only:		_____ X \$55.00/each = \$ _____		
TOTAL		\$ _____		

CONTACT INFO	Personal or Company Contact Information <i>(Your Charitable Receipt Will Also Be Issued To This Address)</i>			
	Company Name: _____			
	Address: _____			
	City: _____		Postal Code: _____	
	Phone #: _____		Fax #: _____ Email: _____	

Payment for any of the above may be made by: CASH CHEQUE VISA

Please make cheques payable to: ***InnerVisions Recovery Society Golf.***

Credit Card information may be called in or entered in the space below

VISA: Card Holder's Name _____ Card # _____ Exp. Date _____

or visit www.innervisionsrecovery.com to pay with PAYPAL

QUESTIONS, COMMENTS or CONCERNS? Please call: Tamara: 604-613-8029 or Call Centre: 604-460-8812

email: callcentre@innervisionsrecovery.com