Top Ten
Teams &
Contests
Win Prizes!





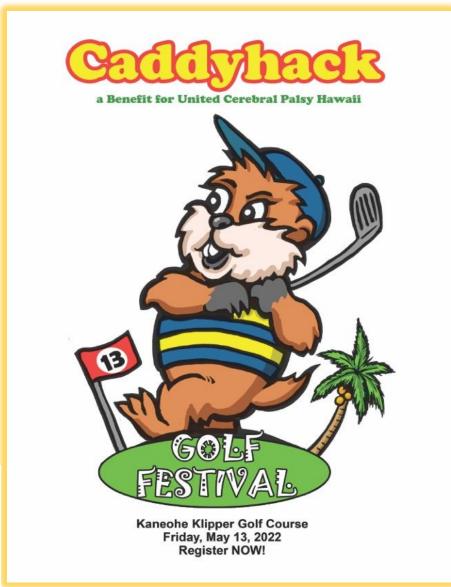
# PRESENTS CHARITY GOLF TOURNAMENT

Fun Contest



Team Prize
for Best
Dressed
Caddyshack
Character!

Food







Raffle Tickets for Sale

FOR MORE INFORMATION & TO REGISTER GO TO: www.unitedcerebralpalsyhawaii.org

**OR CONTACT UCPA AT: 808-532-6744** 

\$175 per player \* \$700 for foursome



11am registration \* 12:30pm shotgun start

# **Charity Golf Tournament Information**

**Venue:** Kaneohe Klipper Golf Course (Marine Corps Base Hawaii - Kaneohe Bay)

Date: Friday, May 13th, 2022

Time: 11:00am Registration, 12:30pm Shot Gun Start

Format: 4-Person Scramble

Entry Fee: \$175 per Person, \$700 for Four Person Team

Additional \$25 Package: Receive ~ 2-Mulligans and Participation in the "Closest to the Pin" (4-holes), "Longest Fairway Drive" (M/F), & "Longest Putt" Contests.

### **Prizes for the TOP TEN TEAMS.**

\* All Players Will Receive: Goodie Bag, Sandwich Lunch (upon arrival in cart), Round of Golf and AFTER Golf Bento Box and Draft Beer, with AWARDS Presentation (parking lot seating).

No indoor banquet, all events will be hosted outdoors, utilizing social distancing requirements.

### \*Requirements for Base Security Access & Tournament Participation\*

- Hawaii Driver's License Number- Birth Date (BD)
- Proof of COVID Vaccination



414 Kuwili St., Suite 105 Honolulu, HI 96817 **Ph: 808-532-6744** 

Pn: 808-532-6744 Fax: 808-532-6747

#### **REGISTRATION FORM**



	SPONSORSHIP LEVELS				
	GOLD SPONSOR (\$3,000)  * 4-Person Team * Signage on 3-Hole * Recognition in print, media materials & on Website * Recognition during dinner speech  SILVER SPONSOR (\$2,000)				
	* 4-Person Team * Signage on 2-Hole * Recognition in print, media materials & on Website * Recognition during dinner speech  BRONZE SPONSOR (\$1,500)				
	* 4-Person Team * Signage on 1-Hole * Recognition on website  TEE/HOLE SPONSOR (\$250)  * 1-Sign at either a tee or on the green				
Entry Fee: \$175 - Individual \$700 - 4-Person Team Plus \$25 – Mulligans/C					

Contact Name (Team Captain):

Mailing Address:

Phone Contact: (c) \_\_\_\_\_ (other) \_\_\_\_

4 - Person Team Includes: <u>Name</u>	HDCP	Hawaii Driver's License #	Birth Date
1)			
2)			
3)			

I have enclosed a check in the amount of \$ \_\_\_\_\_, made payable to UCPA of Hawaii.

OR Please charge my credit card in the amount of \$ \_\_\_\_\_. (VISA or MC only.)

 Cardholder's Name:
 \_\_\_\_\_\_\_ Signature:

 Card # \_\_\_\_\_\_ Exp. Date:
 \_\_\_\_\_\_\_ CVV:

Mail form (and check payment) to: UCPA of Hawaii \* 414 Kuwili St., Suite 105 \* Honolulu, HI 96817.

or Register and pay online at: www.unitedcerebralpalsyhawaii.org. Mahalo!