PRESENTS CHARITY GOLF TOURNAMENT

Caddyhack
a Benefit for United Cerebral Palsy Hawaii

GOLF FESTIVAL
Kaneohe Klipper Golf Course
Friday, May 13, 2022
Register NOW!

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


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

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/Contests

Corporate/Sponsor/Individual Name: ____________________________

Contact Name (Team Captain): ____________________________

Mailing Address: ____________________________  City  Zip Code

Phone Contact: (c) ____________________________ (other) ____________________________

Email: ____________________________

4 - Person Team Includes:

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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!