



CELEBRATE 4TH OF JULY AT



Adopt Your Duckie(s) in the
GREAT WAIKOLOA RUBBER DUCKIE RACE,
to benefit United Cerebral Palsy Association of Hawaii.

Come and enjoy entertainment, free keiki activities,
merchant offers and the afternoon Rubber Duckie
Race, where 10,000 bathtub cuties will paddle to victory
for their adoptive owners. First 50 finishers and last
place duckie win prizes.

OVER \$20,000 IN PRIZES!

Prizes include:

- * Resort Stays
- * Rounds of Golf
- * Boat Cruises & Dolphin Experiences
- * Gift Baskets, Shopping & Dining Certificates and much more!!



Adopt A Duck Here!

www.unitedcerebralpalsyhawaii.org



Ronnie V & The Family Band



Photos with
"Koloa the Duck"

Schedule of the Day

- 11am A-Bay's Island Grill
Watermelon Eating Contest
- 12pm Original Big Island
Shave Ice Co. Shave Ice Eating Contest
- 1pm Ronnie V & The Family Band
- 3pm **RUBBER DUCKIE RACE at Lakeside**
- 3:30pm The Great Barusky
Magic & Balloon Show
- 4:30pm Duck Waddling & Duck Calling Contests
- 5pm Awards Ceremony

MAHALO TO OUR SPONSORS!



A benefit for United Cerebral Palsy Association of Hawaii
July 4, 2022 • Kings' Shops
3:00 p.m. Lakeside
Great Prizes ~ Need not be Present to Win!
Multiple entries accepted. Employees of UCPA not eligible to win.
Winners will be notified of how to pick up prizes. No purchase necessary. Prizes awarded to the first 50 winners and last place duck.

☐ **\$5 ADOPTION:** 1 (One) Adoption Certificate

☐ **\$25 QUACK PACK:** 5 (Five) Adoption Certificates & a Free (1) Duckie T-Shirt

☐ **\$100 "HALL OF FAME":** 40 (Forty) Adoption Certificates & a Free (1) Duckie T-Shirt

Adult Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Youth Shirt Size: ☐ S ☐ M ☐ L

T-shirt will be held for pick up on day of race at the Kings' Shops (while supplies last). T-shirts will not be mailed. Entry must be postmarked by June 24th to guarantee a t-shirt. Adoption certificate(s) will be mailed to you if postmarked by Friday, June 24, 2022. Limited to the first 10,000 entries. Contact UCPA at 1-808-532-6744 for further information.

Name: _____ E-mail: _____

Mailing Address: _____ City: _____ Zip Code: _____ Hm/Cell #: () _____

Please charge to my: ☐ VISA or ☐ Mastercard Billing Zip Code: _____ Total Charge: \$ _____

Card #: _____ Exp.: _____ CVV: _____

Print Card Holder's Name: _____ Signature: _____

Check payment/money order payable to: **UCPA of Hawaii**. Mail completed form (with check/money order attached, if applicable) to: **UCPA of Hawaii, 414 Kuwili St., Suite 105, Honolulu, Hawaii 96817**. Thank you.