



"Life Without Limits" Charity Golf Tournament

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

Date: Friday, May 26th, 2023

Time: 11:00am Registration,
12:30pm Shotgun Start

Format: 4-Person Scramble; 18-Holes

Entry Fee: \$800 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

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 (Lanai seating).

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

*** Information Required for Base Security Access Pass for Tournament include:**

- Hawaii Driver's License Number
- Birth Date (BD)



TOURNAMENT REGISTRATION FORM

SPONSORSHIP OPPORTUNITIES

- GOLD SPONSOR (\$3,500)**
* 4-Person Team * Signage & Sponsorship of One (1) Par 3 Contest * Banner * Recognition in Print, Media Materials & on Website * Recognition during Awards Presentation
- SILVER SPONSOR (\$2,000)**
* 4-Person Team * Signage & Sponsorship of One (1) Par 3 Contest * Recognition in Print, Media Materials & on Website * Recognition during Awards Presentation
- BRONZE SPONSOR (\$1,500)**
* 4-Person Team * Signage on One (1) Hole * Recognition on Website
- TEE/HOLE SPONSOR (\$300)**
* One (1) Signage at either a Tee or on the Green



Entry Fee: \$200 - Individual \$800 - 4-Person Team Qty: ____ x \$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 (or if Individual):

<u>Name</u>	<u>HDCP</u>	<u>* Hawaii Driver's License #</u>	<u>Birth Date</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

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

or Register and Pay Online at: www.unitedcerebralpalsyhawaii.org. Mahalo!