

CELEBRATE THE 4TH OF JULY AT THE



Enjoy entertainment, free keiki activities, merchant offers and the **GREAT WAIKOLOA 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!

**Adopt A Duckie(s) to help provide
"Life Without Limits" for
People with Disabilities in Hawaii.**



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** Live Performances
- 3pm** **GREAT WAIKOLOA
RUBBER DUCKIE
RACE at Lakeside**
- 4:30pm** Duck Waddling &
Duck Calling Contests
- 5pm** Awards Ceremony



OVER \$20,000 IN PRIZES!

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



A benefit for United Cerebral Palsy Association of Hawaii



MAHALO TO OUR SPONSORS!



KINGS' SHOPS
Waikoloa, Hawaii
65 Years Strong! Celebrate with Children with Disabilities in Hawaii!
A benefit for United Cerebral Palsy Association of Hawaii.
Life Without Limits for People with Disabilities

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 "VIP" PACK:** 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 or 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. Limited to the first 10,000 entries. Contact UCPA at 1-808-532-6744 or email: info@unitedcerebralspalsyhawaii.org 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, 420 Waiakamilo Rd., Suite 105, Honolulu, Hawaii 96817**. Thank you.

