

"Golf Without Limits" For People With Disabilities

Please join UCPA of Hawaii for a fun day of golf,
while helping raise awareness & funds
for a great cause!



Date:

Friday, May 9, 2025

Time:

10:30am Driving Range
(Complimentary Balls)
11am Registration
12:30pm Shot Gun Start

Venue:

Kaneohe Klipper Golf Course
Marine Corps Base Hawaii –
Kaneohe Bay

Sponsorships:

- GOLD (\$3,500)**
4-Person Team * Signage on One (1)
Par 3 Contest * Banner *
Recognition in Print, Media, UCP
Website & Awards Presentation
- SILVER (\$2,500)**
4-Person Team * Signage on One (1)
Par 3 Contest * Banner *
Recognition in Print, Media, UCP
Website & Awards Presentation
- BRONZE (\$2,000)**
4-Person Team * Signage on One (1)
Hole * Banner * Recognition on
Website
- TEE/HOLE (\$250)**
One (1) signage at a Tee or on the
Green

Team Entry Fee:

- \$1,000 for 4-Person Team

Additional Package:

- \$50 Package x _____
(Includes: 2-Mulligans/3-Contests/
5-Raffle Tickets/5-Duck Race Entries)

Register Your Team Now!

Completed Form (& Payment) is **Due by April 2, 2025.**

Corporate/Sponsor/Team Name: _____

Mailing Address: _____
City Zip Code

Phone Contact (c): _____ (other): _____

Email: _____

4-Person Team Include:

<u>Name</u> (List Team Captain 1 st)	<u>HDCP</u>	<u>HDL#</u>	<u>Birth Date</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

- **Information Required for Base Security Access:**
- Hawaii Driver's License Number & Birth Date (BD)

All Players Will Receive: Goodie Bag, Sandwich Lunch & Draft Beer/Refreshments (upon arrival in cart), Round of Golf and AFTER Golf Dinner Bento Box during the AWARDS Presentation.

Register online at: www.unitedcerebralpalsyhawaii.org OR

Enclosed is a check in the amount of \$ _____,
made payable to **UCPA of Hawaii**. Please mail form and check to:
UCPA of Hawaii, 420 Waiakamilo Rd., Suite 105, Honolulu, HI 96817 OR

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

Cardholder's Name: _____

Cardholder's Signature: _____

Card #: _____

Exp. Date: _____ CVV: _____ Billing Zip Code: _____



Phone: 808-532-6744 * Fax: 808-532-6747
Email: info@unitedcerebralpalsyhawaii.org