

"Golf Without Limits For People With Disabilities"

UCPA of Hawaii Charity Golf Tournament

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

Date: Friday, May 10th, 2024

Time: 11:00am Registration
12:30pm Shot Gun Start

Format: 4-Person Scramble, 18-Holes

Entry Fee: \$800 for Four Person Team



Additional \$50 Package: Receive ~ 2-Mulligans; Participation in the "Closest to the Pin" (4-holes), "Longest Fairway Drive" (M & F) & "Longest Putt" Contests; 5-Raffle Tickets and 5-Entries into the Great Hawaiian Rubber Duckie Race.

EVERY PLAYER TAKES HOME A PRIZE!

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.

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

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

Register online at www.unitedcerebralpalsyhawaii.org

OR

Mail attached form (& check payment) to:

UCPA of Hawaii

420 Waiakamilo Rd., Suite 105 * Honolulu, HI 96817



Ph: (808) 532-6744 * Fax: (808) 532-6747

Email: info@unitedcerebralpalsyhawaii.org

SPONSORSHIPS

GOLD SPONSOR (\$3,500)

* 4-Person Team * Signage & Sponsorship on 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 on 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 (\$250)

* One (1) Signage at either a Tee or on the Green



REGISTER YOUR TEAM NOW!

Team Fee: \$800 for 4-Person Team x \$50 – Mulligans/Contests/Raffle/Duck Race Entries

Corporate/Sponsor/Team Name: _____

Contact Name (Team Captain): _____

Mailing Address: _____
City _____ Zip Code _____

Phone Contact: (c) _____ (other) _____

Email: _____

4 - Person Team Includes:

Name (List Team Captain 1 st)	HDCP	Hawaii Driver's License #	Birth Date
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Enclosed is 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: _____

Billing Address: _____ Zip Code: _____