

ASSOCIA HAWAII'S



REGISTER
NOW

17th

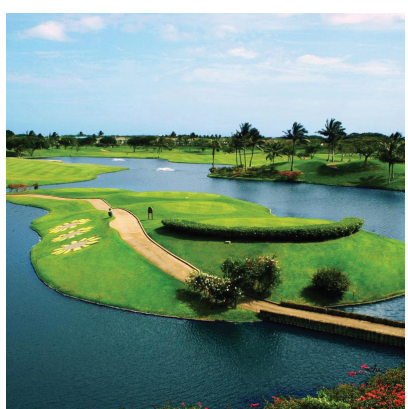
Annual



CHARITY GOLF TOURNAMENT

Friday, September 11, 2015

9:30 AM REGISTRATION / 11:30 AM SHOTGUN START



Friends of
Shriners Hospitals



Kapolei Golf Club

91-701 FARRINGTON HIGHWAY || KAPOLEI, HAWAII 96707

Join Associa Hawaii at the beautiful Kapolei Golf Club. Kapolei is a golf journey that will test and charm the best Champions Tour player. Kapolei is highly regarded, rating 4 1/2 stars out of five on Golf Digest's Places to Play listing and earning the Honolulu Star Advertiser's Peoples Choice Award as "Best Course on Oahu" in 2010.



Pacific Guardian Center – Mauka Tower
737 Bishop St., Suite 3100, Honolulu, Hawaii 96813
(808) 836-0911 | www.associahawaii.com

New & Exciting SPONSORSHIP LEVELS

Contact John C. Keene - JKeene@shrinenet.org

TOURNAMENT SPONSOR	\$10,000 with 8 free spots
NEW: PLATINUM SPONSOR	\$9,000 with 4 free spots
NEW: GOLD SPONSOR	\$8,000 with 4 free spots
NEW: SILVER SPONSOR	\$7,000 with 4 free spots
NEW: BRONZE SPONSOR	\$6,000 with 4 free spots
GOLF SHIRT	\$5,000 with 4 free spots
GOLF CAP	\$4,000 with 2 free spots
GOLF BALL	\$3,000 with 2 free spots
BEVERAGE (2 SPONSORS)	\$2,000 with 2 free spots
LUNCH SPONSOR (2 SPONSORS)	\$2,000 with 2 free spots

SNACK BAG	+\$2,000 with 2 free spots
FOURSOME	\$1,200
NEW: BUNKER SPONSOR (2 SPONSORS)	\$1,000
BANQUET (2 SPONSORS)	\$1,000 with 2 free dinners
BALL MARKER	\$1,000 with 2 free dinners
BAG TAG	\$1,000 with 2 free dinners
PIN FLAG	\$500
HOLE CONCESSION	\$500 with 2 free lunch
SINGLE PLAYER	\$300
HOLE SIGN SPONSOR	\$250

Online Auction to be Announced

Entry Form

ENTRY DEADLINE IS FRIDAY, Aug. 14th

Email entry form to Michelle Takahashi - MTakahashi@shrinenet.org or USPS entry form with donation to:
 Friends of Shriners Hospitals Charity Golf Tournament
 1310 Punahou Street, Honolulu, HI 96826

Sponsorship Level: _____

Check payable to: **Friends of Shriners Hospitals**

\$ _____ Enclosed ETD _____

Type of card _____ Cardholder's name _____

Credit card number _____

Expiration month and year _____ Security code _____

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Contact Phone: _____ Cell: _____

Email: _____

*Player 1 Full Name: _____ Handicap _____ Shirt Size _____

*Player 2 Full Name: _____ Handicap _____ Shirt Size _____

*Player 3 Full Name: _____ Handicap _____ Shirt Size _____

*Player 4 Full Name: _____ Handicap _____ Shirt Size _____

Sponsors may opt to leave open spot(s) for Board Members/Guests.

Not a golfer? We are signing up people who are interested in volunteering time.

Lunch and dinner provided. Email JKeene@shrinenet.org.

First-come, first-serve basis

Entry Form to be submitted to guarantee sponsorship

