

TEAM AND PLAYER INFORMATION

Team.....\$500

Two-player Team, lunch, on course refreshments, awards banquet, tournament vest & cap, tee packages, & entries for great door prizes

Individual Players.....\$300

Lunch, on course refreshments, awards banquet, a tournament vest & cap, tee packages, & entries for great door prizes

SPONSOR, TEAM AND PLAYER REGISTRATION

PLAYERS - TEAM ONE

Full Name _____ Company Affiliation _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Handicap/Index: _____ (as of 7/1/09) Please circle size: XS S M L XL XXL

Full Name _____ Company Affiliation _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Handicap/Index: _____ (as of 7/1/09) Please circle size: XS S M L XL XXL

PLAYERS - TEAM TWO

Full Name _____ Company Affiliation _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Handicap/Index: _____ (as of 7/1/09) Please circle size: XS S M L XL XXL

Full Name _____ Company Affiliation _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Handicap/Index: _____ (as of 7/1/09) Please circle size: XS S M L XL XXL

PAYMENT INFORMATION

Company: _____ Contact Name: _____
(if applicable)

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email address: _____

- Type of Sponsorship _____ \$ _____
- I/Company will field _____ # of Team(s) @ \$500 ea. \$ _____
- I will participate as an individual player @ \$300 \$ _____
- Putting Contest # _____ of chances (\$10 per chance) \$ _____
- Mulligans # _____ (\$10 ea. Limit 2 per player) \$ _____
- I have to be a No Show, so please accept my donation. \$ _____
- TOTAL** \$ _____

Please charge my credit card for the amount of \$ _____ Enclosed is my check for \$ _____ made out to the **March of Dimes**

Circle Card Type: VISA MC AMEX

Card # _____ Expiration Date: _____

Name on card: _____ Signature: _____

Billing Address: _____ City/State/Zip: _____

PLEASE COMPLETE REGISTRATION FORM BY JULY 28TH AND FAX OR MAIL TO THE MARCH OF DIMES AT 1451 S. KING STREET, SUITE 504 * HONOLULU, HI 96814
PHONE: (808) 973-2155 FAX: (808) 973-2160