



You are cordially invited to

The 24th Annual Kalihi YMCA Golf Tournament

*at Pearl County Club
on Friday, May 13, 2011*



Sponsorship Information

Kalihi Uka (Platinum) <i>(3 Teams) - tournament</i>	\$5,000 +
Kalihi Waena (Gold) <i>(2 Teams)</i>	\$3,500
Kalihi Kai (Silver) <i>(1 Team)</i>	\$1,500
<i>Reserved parking available for all sponsors.</i>	
Friend of Kalihi YMCA	Donation

Special Events

Romy's Par 3
(On the green / Off the green)

Hole-In-One Contests

All Golfers Win

Tournament Information

Registration:	11:30 A.M.
Start Time:	12:30 P.M. - Shotgun
Format:	3 Person Scramble
Entry Fee:	\$150 Player \$450 Per Team

Register early. Participation is limited to first 180 golfers.

Lunch: A light lunch with soft drink will be provided. Bottled water and Soft drinks will be available on the course.

Banquet: Program and Buffet dinner (included) immediately following tournament. Sodas will be available.

In 2010, the Kalihi YMCA expanded the reach of its programs further into the community than ever before. Your support of our 24th Annual Golf Tournament will help ensure that Kalihi Y programs reach as many of our youth as possible.

Mahalo,

Victor Kimura, Tournament Chairman

Registration Form

The 24th Annual Kalihi YMCA Golf Tournament



Team Captain

Name _____

E-mail _____ Phone _____

Handicap: _____

Address _____

City/Zip _____

Player Two

Name _____

E-mail _____ Phone _____

Handicap: _____

Address _____

City/Zip _____

Player Three

Name _____

E-mail _____ Phone _____

Handicap: _____

Address _____

City/Zip _____

Note: If you are not part of a team, the committee will place you on one.

Entry Deadline: April 29, 2011 (Friday) **Tournament Cost:** \$150 per player, \$450 per team. A maximum of 2 mulligans each player.

Handicap: -Men: 36 maximum / Women: 40 maximum

PAR 3 Contests: Holes 3, 6 & 16 are closest to the hole. Hole 13 is an on/off the green contest.
\$10 per hole x 4 holes = \$40 per golfer.

Team Payment: \$150 X ____ + \$40 X ____ = \$ _____ Payment enclosed Will pay later (*Deadline: May 9*)

I am a **KALIHI UKA** Sponsor (Platinum) 9 Player's **Friend to the Kalihi YMCA** - I wish to donate:

I am a **KALIHI WAENA** Sponsor (Gold) 6 Player's _____ (*specify amount*)

I am a **KALIHI KAI** Sponsor (Silver) 3 Player's

Sponsor Payment: \$ _____ + \$40 X ____ = \$ _____ Payment enclosed Will pay later (*Deadline: May 9*)

Make checks payable to: Kalihi YMCA (*Tax deductible portion of fee is \$80 per player*)

Mail To: Kalihi YMCA Re: Golf Tournament; 1335 Kalihi St., Honolulu Hawaii 96819

Tel. 848-2494 Fax: 842-7736 Web: www.kalihiyymca.org (*for extra reg forms or for driving directions*)

We accept credit cards: Visa Mastercard American Express

Account # _____ Expiration Date: _____ / _____

Name on card: _____ Signature: _____