



**19th Annual Kalihi YMCA  
Endowment Fund Golf Tournament  
Wednesday May 17, 2006  
PEARL COUNTRY CLUB**



**Team Captain**

① Name \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (bus) \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

② Name \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (bus) \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

③ Name \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (bus) \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

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

**Handicap**

Men: 36 Maximum  
Women: 40 Maximum

**Entry Deadline: May 5, 2006 Friday**

Tournament Cost \$150 per player, \$450 per team.  
A maximum of 2 mulligan each player

Team handicap is 10% of  
the team's total handicap

Payment Enclosed: \$ \_\_\_\_\_ Will pay later \_\_\_\_\_

I am a KALIHI UKA Sponsor (Platinum)  I am a KALIHI WAENA sponsor (Gold)  (please *check if applies*)

I am a KALIHI KAI sponsor (Silver)  Friends of Kalihi YMCA

*(Make checks payable to: Kalihi YMCA) (Tax Deductible Portion of Fee is \$85 per Player)*

**Mail To:** KalihiYMCA

Re: Golf Tournament

1335 Kalihi St (please view website for driving instructions)

Honolulu Hawaii 96819

Tel. 848-2494 Fax: 842-7736 Web: [www.kalihiyymca.org](http://www.kalihiyymca.org)

**We Accept Credit Cards**  Visa  Mastercard  American Express

Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Please do not try to  
e-mail account info

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**"I'm sorry I can't participate,  
but I'm happy to donate money or prizes to this great cause."  
Please Call Tony Pfaltzgraft at 848-2494**

visit us at : [www.kalihiyymca.org](http://www.kalihiyymca.org)