TOURNAMENT INFORMATION

Date Wednesday, May 31, 2017

Time NEW START TIME

10:00 am Check-in and Putting Challenge

I1:15 am Clubhouse DepartureI1:30 am Shotgun START

Dinner banquet to follow tournament

Place Hawaii Prince Golf Club

91-1200 Fort Weaver Road Ewa Beach, Hawaii 96706

Prizes Team, Lucky Draw and Silent Auction (Must be present to win Lucky Draw)

Team prizes to be awarded at dinner banquet to follow tournament

Entry Deadline Friday, April 14, 2017

Mail, Fax or Email Registration REHAB Foundation 226 N. Kuakini Street Honolulu, HI 96817 fax: (808) 566-3425

email: foundation@rehabhospital.org

For your convenience, you may also register online or by downloading a fillable version of

this form at www.rehabhospital.org/golf

For More Information

Please call (808) 566-3451

TOURNAMENT FORMAT

Scramble

- 3 person teams.
- **Format**
- Minimum of 3 drives per player.
- Two putts maximum per hole, per player.

Handicaps

- Use handicap effective lanuary 2017.
- · Lowest handicap if you belong to more than one golf club.
- Maximum handicap:

Men 24

Women 30

- 11% of total team handicap will be your stroke differential
- First Hawaiian Bank REHAB Golf Challenge committee reserves the right to make handicap adjustments.

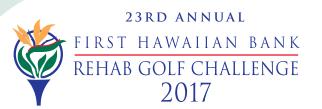
First Hawaiian Bank - REHAB Golf Challenge provides critical support for programs and services at Rehabilitation Hospital of the Pacific (REHAB), Hawaii's only acute rehabilitation hospital.

REHAB specializes in comprehensive rehabilitation services for individuals with physical and cognitive disabilities recovering from stroke, spinal cord and brain injury, amputation, cancer, major trauma and debilitating illness or injury.

REHAB is committed to providing specialized programs that give patients hope, restore function, and focus on optimal independence so they can safely return home, live as independently as possible and most effectively transition back into the community.

Mahalo for your support of our mission to Rebuild Lives Together!





SPONSORSHIP/PLAYER REGISTRATION FORM

Wednesday, May 31, 2017

NEW START TIME
II:15 am Clubhouse Departure
II:30 am Shotgun START

Hawaii Prince Golf Club 91-1200 Fort Weaver Road Ewa Beach, Hawaii

Tournament Title Sponsor First Hawaiian Bank

Tournament Co-Chairs

Curt Otaguro First Hawaiian Bank

Mark Teruya Armstrong Produce

SPONSORSHIP/PLAYER REGISTRATION							CONTACT INFORMATION
SPONSORSHIP LEVEL		SPONSORSHIP INCLUDES					TEAM □Dr. TEAM NAME CONTACT □Mr.
	Cost	Team	Signage	Program Recognition	Sponsorship Benefits	TOTAL	CONTACT Mr. PERSON Ms. SPONSOR NAME (Please indicate how name should be listed for recognition)
☐ PLATINUM	\$6,000	2 Teams of 3 (6 players total)	on all 3 courses	•	Second team of 3 (6 players total) Reserved parking (1 per player) Dinner banquet Reserved seating Bottle of wine per team	\$	ADDRESS CITY STATE ZIP
□ GOLD	\$3,000	Team of 3	on a tee	•		\$	PHONE EMAIL
□ SILVER	\$2,000	Team of 3	shared sign on tee	•		\$	
□ PUTTING CHALLENGE	\$500	N/A	putting green	•		\$	PAYMENT METHOD
□ ТЕАМ	\$1,000	Team of 3	Number o	of teams	× \$1,000	\$	CARD NO. EXPIRATION DATE CVV CODE
□ DONOR - I am unable to play and wish to support REHAB with a donation						\$	NAME ON CARD
TOTAL ENCLOSED						\$	SIGNATURE
PLAYER INFORMATION (PLATINUM SPONSORSHIP – Please provide information of Total Players = 6)							
PLAYER'S NAME PLAYER'S N Dr. Dr. Mr. Mr. Ms. COMPANY NAME COMPANY					ER'S NAME		PLAYER'S NAME Dr. Mr. Ms. COMPANY NAME
TITLE/POSITION TITLE/POSITION							TITLE/POSITION
ADDRESS ADDRESS					RESS		ADDRESS
CITY STATE ZIP CODE CITY						STATE	ZIP CODE CITY STATE ZIP CODE
PHONE FAX PHONE					NE	FAX	PHONE FAX
EMAIL ADDRESS					L ADDRESS		EMAIL ADDRESS
HANDICAP					DICAP		HANDICAP