

TOURNAMENT INFORMATION

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| Date | Wednesday, May 31, 2017 |
| Time | NEW START TIME 10:00 am Check-in and Putting Challenge 11:15 am Clubhouse Departure 11:30 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 Format | <ul style="list-style-type: none">• 3 person teams.• Minimum of 3 drives per player.• Two putts maximum per hole, per player. |
| Handicaps | <ul style="list-style-type: none">• Use handicap effective January 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!



REHAB FOUNDATION
Supporting the Rehabilitation Hospital of the Pacific



23RD ANNUAL
**FIRST HAWAIIAN BANK
REHAB GOLF CHALLENGE
2017**

SPONSORSHIP/PLAYER REGISTRATION FORM

Wednesday, May 31, 2017

NEW START TIME
11:15 am Clubhouse Departure
11:30 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 | | Cost | SPONSORSHIP INCLUDES | | | | | | | |
| | Team | Signage | Program Recognition | Sponsorship Benefits | | TOTAL | | | | |
| <input type="checkbox"/> PLATINUM | \$6,000 | 2 Teams of 3 (6 players total) | on all 3 courses | | <ul style="list-style-type: none">• Second team of 3 (6 players total)• Reserved parking (1 per player)• Dinner banquet<ul style="list-style-type: none">- Reserved seating- Bottle of wine per team | \$ | TEAM CONTACT PERSON <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. TEAM NAME | | | |
| SPONSOR NAME (Please indicate how name should be listed for recognition) | | | | | | | | | | |
| ADDRESS | | | | | | | | | | |
| CITY | | STATE | | ZIP | | | | | | |
| PHONE | | EMAIL | | | | | | | | |
| PAYMENT METHOD | | | | | | | <input type="checkbox"/> Check payable to REHAB Foundation (notate FHB/REHAB Golf) | | | |
| | | | | | | | <input type="checkbox"/> Credit/Debit Card | | | |
| | | | | | | | <input type="checkbox"/> Online www.rehabhospital.org/golf | | | |
| CARD NO. | | EXPIRATION DATE | | | CVV CODE | | | | | |
| NAME ON CARD | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | |
| <input type="checkbox"/> TEAM | \$1,000 | Team of 3 | Number of teams _____ x \$1,000 | | | \$ | | | | |
| <input type="checkbox"/> DONOR - I am unable to play and wish to support REHAB with a donation | | | | | | \$ | | | | |
| TOTAL ENCLOSED | | | | | | \$ | | | | |

| PLAYER INFORMATION (PLATINUM SPONSORSHIP – Please provide information of Total Players = 6) | | | | | | | | |
|---|--|-------|---|--|------|---|-------|----------|
| PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | | | PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | | | PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | | |
| COMPANY NAME | | | COMPANY NAME | | | COMPANY NAME | | |
| TITLE/POSITION | | | TITLE/POSITION | | | TITLE/POSITION | | |
| ADDRESS | | | ADDRESS | | | ADDRESS | | |
| CITY | | STATE | ZIP CODE | | CITY | | STATE | ZIP CODE |
| PHONE | | FAX | PHONE | | FAX | PHONE | | FAX |
| EMAIL ADDRESS | | | EMAIL ADDRESS | | | EMAIL ADDRESS | | |
| HANDICAP | | | HANDICAP | | | HANDICAP | | |