

# TOURNAMENT INFORMATION

<b>Date</b>	Wednesday, <b>May 30, 2018</b>
<b>Time</b>	<b>START TIME</b> 10:00 am Check-in and Putting Challenge 11:15 am Clubhouse Departure <b>11:30 am Shotgun START</b>  Dinner banquet to follow tournament
<b>Place</b>	Hawaii Prince Golf Club 91-1200 Fort Weaver Road Ewa Beach, Hawaii 96706
<b>Prizes &amp; Play</b>	Team, Hole-in-One, Putting Challenge and Play-It Forward (Team prizes awarded at dinner banquet following tournament)  Lucky Draw and Silent Auction (must be present to win Lucky Draw)
<b>Entry Deadline</b>	Friday, <b>March 30, 2018</b>
<b>Mail, Fax or Email Registration</b>	REHAB Foundation 226 N. Kuakini Street Honolulu, HI 96817 fax: (808) 566-3425 email: <a href="mailto:foundation@rehabhospital.org">foundation@rehabhospital.org</a>  For your convenience, you may also register online at <b><a href="http://www.rehabhospital.ejoinme.org/golf2018">www.rehabhospital.ejoinme.org/golf2018</a></b>
<b>For More Information</b>	Please call (808) 566-3451 or email <a href="mailto:foundation@rehabhospital.org">foundation@rehabhospital.org</a>

# TOURNAMENT FORMAT

<b>Scramble Format</b>	<ul style="list-style-type: none"><li>• 3 person teams.</li><li>• Minimum of 3 drives per player.</li><li>• Two putts maximum per hole, per player.</li></ul>
<b>Handicaps</b>	<ul style="list-style-type: none"><li>• Use handicap effective January 2018.</li><li>• Lowest handicap if you belong to more than one golf club.</li><li>• Maximum handicap: Men 24 Women 30</li><li>• 11% of total team handicap will be your stroke differential.</li><li>• First Hawaiian Bank - REHAB Golf Challenge committee reserves the right to make handicap adjustments.</li></ul>

*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



24TH ANNUAL  
**FIRST HAWAIIAN BANK**  
**REHAB GOLF CHALLENGE**  
**2018**

# SPONSORSHIP/PLAYER REGISTRATION FORM

**Wednesday, May 30, 2018**

**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

Golf Committee  
**Sharon Shiroma Brown**  
**Gloria Gainsley**  
**George Irion**

**Edith Leong**  
**Alan Ohara**

SPONSORSHIP/PLAYER REGISTRATION

SPONSORSHIP LEVEL	Cost	SPONSORSHIP INCLUDES				TOTAL
		Team	Signage	Program Recognition	Sponsorship Benefits	
<input type="checkbox"/> PLATINUM	\$6,000	2 Teams of 3 (6 players total)	on all 3 courses	◆	<ul style="list-style-type: none"><li>• Second team of 3 (6 players total)</li><li>• Reserved parking (1 per player)</li><li>• Dinner banquet<ul style="list-style-type: none"><li>- Reserved seating</li><li>- Bottle of wine per team</li></ul></li></ul>	\$
<input type="checkbox"/> GOLD	\$3,000	Team of 3	on a tee	◆	<ul style="list-style-type: none"><li>• Reserved seating at dinner banquet</li></ul>	\$
<input type="checkbox"/> SILVER	\$2,000	Team of 3	shared sign on tee	◆	<ul style="list-style-type: none"><li>• Reserved seating at dinner banquet</li></ul>	\$
<input type="checkbox"/> PUTTING CHALLENGE	\$500	N/A	putting green	◆		\$
<input type="checkbox"/> TEAM	\$1,000	Team of 3	Number of teams _____ x \$1,000			\$
<input type="checkbox"/> CART SPONSOR	\$2,500	N/A	hospitality carts			\$
<input type="checkbox"/> DONOR - I am unable to play and wish to support REHAB with a donation						\$

CONTACT INFORMATION

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	
<div>PAYMENT METHOD<input type="checkbox"/> Check payable to REHAB Foundation (notate FHB/REHAB Golf) <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online <b>www.rehabhospital.ejoinme.org/golf2018</b></div>			
CARD NO.		EXPIRATION DATE	CVV CODE
NAME ON CARD			
SIGNATURE			

PLAYER INFORMATION (PLATINUM SPONSORSHIP – Please provide information of Total Players = 6)

1

PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.													
COMPANY NAME													
TITLE/POSITION													
ADDRESS													
CITY				STATE				ZIP CODE					
PHONE				FAX									
EMAIL ADDRESS							HANDICAP						
GOLF SHIRT SIZE* (CIRCLE ONE) MEN'S   S   M   L   XL   2XL   3XL   LADIES'   S   M   L   XL   2XL													

2

PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.													
COMPANY NAME													
TITLE/POSITION													
ADDRESS													
CITY				STATE				ZIP CODE					
PHONE				FAX									
EMAIL ADDRESS							HANDICAP						
GOLF SHIRT SIZE* (CIRCLE ONE) MEN'S   S   M   L   XL   2XL   3XL   LADIES'   S   M   L   XL   2XL													

3

PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.													
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