

## TOURNAMENT REGISTRATION

Company Name \_\_\_\_\_

Player Name \_\_\_\_\_

(Team Captain)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Handicap \_\_\_\_\_ Shirt Size \_\_\_\_\_

Company Name \_\_\_\_\_

Player Name \_\_\_\_\_

(Team Captain)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Handicap \_\_\_\_\_ Shirt Size \_\_\_\_\_

Company Name \_\_\_\_\_

Player Name \_\_\_\_\_

(Team Captain)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Handicap \_\_\_\_\_ Shirt Size \_\_\_\_\_

Company Name \_\_\_\_\_

Player Name \_\_\_\_\_

(Team Captain)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Handicap \_\_\_\_\_ Shirt Size \_\_\_\_\_

Please Register by July 8, 2011.

## PRIZE DONATION

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Item Description \_\_\_\_\_

Item Retail Value \_\_\_\_\_

### Delivery Information:

- Item Enclosed
- Item to be Delivered to CMC by July 8, 2011
- Item to be Picked Up by CMC Representative

Explain \_\_\_\_\_

Signature \_\_\_\_\_

**Contact:** Development Department  
Castle Medical Center  
640 Ulukahiki Street • Kailua, HI 96734  
Phone: 808-263-5335 • Fax: 808-263-5412  
E-mail: castlemedgift@ah.org

**Thank You For Your Support!**

*Castle Medical Center*



*Exceptional Medicine  
by Exceptional People*

*Castle Medical Center*



*Exceptional Medicine  
by Exceptional People*

Chip in for Castle Golf Tournament  
Mid-Pac Country Club

Monday • August 15 • 2011



**Thank You For Your Support!**

## TOURNAMENT INFORMATION

**Date:** August 15, 2011

**Location:** Mid-Pacific Country Club  
266 Kaelepulu Dr  
Kailua, HI 96734

**Time:** 10:00 a.m.  
Check-In  
  
10:00 – 11:00 a.m.  
Putting and Chipping contests  
Lunch  
  
11:30 a.m.  
Shotgun Tournament Start  
  
6:00 p.m.  
Banquet Dinner  
Awards & Prize Drawings

**Format:** 18 hole tournament.  
Four-person “Scramble”  
Adjusted handicap  
  
Form your own teams.  
Players unable to form teams will be assigned by the pairing committee.

**Handicap:** Established Handicap as of July 1, 2011:  
Maximum for Men: 28  
Maximum for Women: 32  
  
The tournament committee reserves the right to adjust handicaps.

**Contact:** Development Department  
Castle Medical Center  
640 Ulukahiki Street  
Kailua HI 96734  
Phone: 808-263-5335  
Fax: 808-263-5412  
E-mail: [castlemedgift@ah.org](mailto:castlemedgift@ah.org)

**Please Register by July 8, 2011.**

## TOURNAMENT SPONSORSHIP

**Tournament Sponsor:** \$10,000 \$ \_\_\_\_\_  
(Donation \$8080)  
• 8 Player Slots  
• Company name on tournament banner  
• Company name displayed in all carts  
• Top billing on Mahalo ads  
• Reserved banquet seating

**Banquet Sponsor:** \$7,500 \$ \_\_\_\_\_  
(Donation \$6540)  
• 4 Player Slots  
• Company banner displayed on the course  
• Company logo / name displayed at banquet  
• Reserved banquet seating

**Golf Ball Sponsor:** \$5,000 \$ \_\_\_\_\_  
(Donation \$4040)  
• 4 Player Slots  
• Logo on tournament golf balls (Titleist Pro V1)  
• Company banner displayed on the course  
• Reserved banquet seating

**Golf Shirt Sponsor:** \$5,000 \$ \_\_\_\_\_  
(Donation \$4040)  
• 4 Player Slots  
• Company logo on golf polo shirts  
• Company banner displayed on the course  
• Reserved banquet seating

**Golf Cap Sponsor:** \$5,000 \$ \_\_\_\_\_  
(Donation \$4040)  
• 4 Player Slots  
• Company logo on golf caps  
• Company banner displayed on the course  
• Reserved banquet seating

**Prize Sponsor:** \$5,000 \$ \_\_\_\_\_  
(Donation \$4040)  
• 4 Player Slots  
• Company banner displayed on the course  
• Company banner displayed on prize table  
• Reserved banquet seating

**Front 9 Green Fees Sponsor:** \$3,500 \$ \_\_\_\_\_  
(Donation \$2540)  
• 4 Player Slots  
• Company banner displayed on the course  
• Reserved banquet seating

**Back 9 Green Fees Sponsor:** \$3,500 \$ \_\_\_\_\_  
(Donation \$2540)  
• 4 Player Slots  
• Company banner displayed on the course  
• Reserved banquet seating

**Lunch Sponsor:** \$3,500 \$ \_\_\_\_\_  
(Donation \$2540)  
• 4 Player Slots  
• Company banner at lunch table  
• Reserved banquet seating

## TEAM ENTRY

**Gold Sponsor:** \$1,500 \$ \_\_\_\_\_  
(Donation \$540)  
• 4 Player Slots

**Silver Sponsor:** \$850 \$ \_\_\_\_\_  
(Donation \$370)  
• 2 Player Slots

**Bronze Sponsor:** \$500 \$ \_\_\_\_\_  
(Donation \$260)  
• 1 Player Slot

**Mulligan Package (per player):** \$30 \$ \_\_\_\_\_  
• 2 Mulligans & 1 Entry to Putting and Chipping contests

## OTHER WAYS TO CONTRIBUTE

**Refreshment Sponsor:** \$350 \$ \_\_\_\_\_  
• Company name displayed at the refreshment area

**Tee Sponsor:** \$250 \$ \_\_\_\_\_  
• Company name displayed at each Tee sponsored

**Cart Sponsor:** \$150 \$ \_\_\_\_\_  
• Company name displayed on each cart sponsored

**General Donation:** \$ \_\_\_\_\_  
I am unable to participate, and wish to make a donation.

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

## PAYMENT METHOD

Check    VISA    MasterCard    AMEX

*Please make checks payable to **Castle Medical Center.***

**Card No.** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Signature** \_\_\_\_\_