



# 26th Annual

## Ronald McDonald House Charities® of Hawaii Golf Classic Registration



**DATE: Thursday, July 20, 2017**

**PLACE:**

**Hawaii Prince Golf Club**

91-1200 Fort Weaver Road, Ewa Beach

**TIME:**

**10:00 a.m. Check-In Begins**

**10:45 a.m. Lunch**

**12:00 noon Shotgun Start**

**FORMAT: Scramble**

**LOWEST HANDICAP as of 6/1/2017**

**MAXIMUM HANDICAP:**

**Men - 30, Women - 36**



**SPONSORSHIP LEVELS: Please ✓**

**\$2,500 Platinum Team Sponsor**

**\$1,700 Gold Team Sponsor**

**\$1,300 Silver Team Sponsor**

**\$400 Tee Sponsor\***

**Donation Only \$ \_\_\_\_\_**

**Prize / Hole Donations\***

**\*RMHC-HI staff will call you.  
Provide contact information below**

Please Print or Type Information Below (\*Required)

		Registration
<p>*Name _____</p> <p>Address (If company address, include company name) _____ _____</p> <p>*Email _____</p> <p>Cell Phone _____</p>	<p>Handicap _____</p> <p>Men's Polo Shirt S M L  XL XXL</p> <p>Awards Dinner Yes No</p>	<p>Sponsor Name: _____</p> <p>Address: _____ _____</p> <p>Name to Appear on Sign: _____</p>
<p>*Name _____</p> <p>Address (If company address, include company name) _____ _____</p> <p>*Email _____</p> <p>Cell Phone _____</p>	<p>Handicap _____</p> <p>Men's Polo Shirt S M L  XL XXL</p> <p>Awards Dinner Yes No</p>	<p>Contact Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
<p>*Name _____</p> <p>Address (If company address, include company name) _____ _____</p> <p>*Email _____</p> <p>Cell Phone _____</p>	<p>Handicap _____</p> <p>Men's Polo Shirt S M L  XL XXL</p> <p>Awards Dinner Yes No</p>	<p>Please complete registration information by <b>July 6, 2017</b></p> <p>Email <a href="mailto:cal@rmhchawaii.org">cal@rmhchawaii.org</a></p> <p>Fax (808) 955-8794</p> <p>or mail with check payable to: Ronald McDonald House Charities of Hawaii P.O. Box 61777 Honolulu, Hawaii 96839-1777</p> <p>Questions? Please contact Candace at (808) 973-5683 ext. 239</p>

