

CREDIT UNIONS OF MAUI

9TH ANNUAL CHARITY GOLF TOURNAMENT



Proceeds from Tournament will Benefit Hospice Maui



TOURNAMENT DETAILS

THE DUNES AT MAUI LANI

SATURDAY, AUGUST 10, 2024

6:00 AM CHECK-IN | 7:30 AM SHOTGUN

REGISTRATION

COST: \$175 Per Player (Limited to 144 Players)

EARLY BIRD REGISTRATION:

Register by **JULY 5, 2024** to be entered into Early Bird drawing

ALL OTHERS:

Deadline for all other registrations are due **JULY 26, 2024**

FORMAT: Four Person Teams
Modified Scramble (Two Putt Maximum)

MAXIMUM HANDICAP:

Men's Maximum = 24 Women's Maximum = 36

20% of combined handicaps will be used to determine team handicap

*Tournament committee reserves the right to adjust handicap

TEES: Men's - White
Senior's (70+) - Forward
Women's - Red

DRIVES: 4 Minimum Drives Per Golfer



PRIZES

Random individual door prizes and great team prizes will be announced immediately after the tournament.



PLEASE SEND BOTTOM PORTION WITH YOUR PAYMENT TO ADDRESS BELOW
payment due upon registration

ENTRY FEE: \$175 PER PLAYER

Includes: Cart, Green Fees, 2 Mulligans, Par 3 Contest, and Lunch

PAYMENT MUST BE INCLUDED WITH REGISTRATION

PLEASE SEND TO:

Maui County FCU
C/O Myron Sakamoto
224 Kehalani Village Dr.
Wailuku, HI 96793

MAKE CHECKS PAYABLE TO:
HOSPICE MAUI

CONTACT INFORMATION	HANDICAP
Name: _____	
Address: _____	
Phone: _____	
Email: _____	
Name: _____	
Address: _____	
Phone: _____	
Email: _____	

CONTACT INFORMATION	HANDICAP
Name: _____	
Address: _____	
Phone: _____	
Email: _____	
Name: _____	
Address: _____	
Phone: _____	
Email: _____	



CREDIT UNIONS OF MAUI 9TH ANNUAL CHARITY GOLF TOURNAMENT



Thank you for your support of our 9th Annual Charity Golf Tournament to benefit Hospice Maui. As a corporate or hole sponsor, your company will be uniquely recognized for your generous donation.

SPONSOR/DONOR INFORMATION:

Company/Individual Name _____

Contact Person _____ Phone _____

Mailing Address _____

Street or P.O. Box,
City, State, Zipcode _____

Email Address _____

I want to contribute Certificate(s)/Merchandise to the golf tournament
Description _____

I want the donation picked up by _____ (DATE)
*A credit union representative will pick up donations

I will drop the donation off at: (PLEASE SELECT ONE)

Kahului FCU

Maui Teachers FCU

Maui County FCU

Valley Isle Community FCU

Maui FCU

Wailuku FCU

Yes, please list my company/name in advertising and promotions. I would like our sponsor sign to read:

No, please do not list my company/name as a contributor.

SPONSORSHIP FORM & DONATIONS

are due by Friday, June 28, 2024

PLEASE SEND TO:

Maui County FCU
C/O Myron Sakamoto
224 Kehalani Village Dr.
Wailuku, HI 96793

**PLEASE MAKE
CHECKS PAYABLE TO
HOSPICE MAUI**



Kahului
Federal Credit Union



MAUI COUNTY
FEDERAL CREDIT UNION



Wailuku
FEDERAL CREDIT UNION

PLATINUM SPONSOR \$1,500

Added Benefits

- Tee Sponsorship
- Recognition in Brochure
- Sponsor Recognition Banner
- Registration Fee for One (1) 4-Man Team

GOLD SPONSOR \$1,000

Added Benefits

- Tee Sponsorship
- Recognition in Brochure
- Sponsor Recognition Banner

SILVER SPONSOR \$500

Added Benefits

- Tee Sponsorship
- Recognition in Brochure

FRIENDS & FAMILY OF THE CREDIT UNIONS

ANY DONATION

- Recognition in Brochure

**WE APPRECIATE
YOUR SUPPORT!**

FOR MORE INFORMATION:

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Guy Muraoka | PH: 808.871.7705