



Links to Literacy 2014

Kapolei Golf Club † Friday, October 24, 2014 † Shotgun Start 11:00 a.m.

TEAM/PLAYER INFORMATION FORM

COMPANY NAME: _____

Handicaps Maximum handicap – men 24, women 36

Maximum Team Handicap – 20

Sponsor Level Entry Fees

Platinum	\$20,000 (Three teams and special amenities)
Corporate	\$5,000 (includes three teams)
Silver	\$3,000 (includes two teams)
Bronze	\$1,500 (includes one team)

Entry Fees

Entry fee includes all putting and closest to the hole contest entries and banquet.

No mulligans available.

Individuals (space available only) _____ # players @ \$500 each =\$ _____

Individuals accepted on a “space-available” basis only and will be assigned to teams based on handicap.

Sponsor

Sponsor Level _____ @ \$ _____

Banquet

The post-tournament banquet includes a cocktail reception (cash bar), dinner, and fabulous Silent Auction. Will your team attending the banquet directly after the tournament?

Yes ___ No ___

Guests are welcome to join you for the banquet. Banquet tickets for guests are available at \$50.00 per person. Number of guests _____ @ \$50=\$ _____

Please charge my: VISA _____ MasterCard _____ Discover _____ American Express _____

Total amount to be charged _____

Card # _____ Exp. Date _____

Signature _____ Date _____

(Faxed credit card information accepted)

Or, you may pay by check. Please make checks payable to: Friends of the Library of Hawai'i and mail with reservation form to:

Friends of the Library of Hawai'i

690 Pohukaina Street

Honolulu, Hawai'i 96813

For more information, please contact:

Nainoa Mau, Executive Director, FLH

P: (808) 536-4174

F: (808) 536-5232

or nainoa@friendsofthelibraryofhawaii.org

TEAM MEMBER INFORMATION DEADLINE: Friday, September 26, 2014

Team Captain's Name (or individual player if applicable)

Name: _____ Handicap: _____

Sponsored By (Company): _____

Mailing address: _____

Email address: _____

Player #2

Name: _____ Handicap: _____

Sponsored By (Company): _____

Mailing address: _____

Email address: _____

Player #3

Name: _____ Handicap: _____

Sponsored By (Company): _____

Mailing address: _____

Email address: _____

Daytime Phone: _____ Cell Phone: _____