

WHALE TRUST

ANNUAL GOLF TOURNAMENT

SUPPORTING OUR INTERNATIONALLY RECOGNIZED
WHALE RESEARCH AND EDUCATION PROGRAMS.

THE KING KAMEHAMEHA GOLF CLUB

SATURDAY, JANUARY 28, 2012

8:00 AM - SHOTGUN START

A portion of the entry fee is tax deductible.

- Continental breakfast and awards luncheon included.
- \$5,000 in cash prize money and donated merchandise.

Mercedes-Benz of Maui is a proud sponsor of this years golf tournament.

Get a hole-in-one and you could be the lucky winner of a 2012 C250 Mercedes! Valued at \$37,665.

Prizes for low net, and team low gross scores (top 25% of teams in each category win).
Closest to the pin on par 3's - ladies and mens divisions. Optional Skins competition
for "bestball" participants. Mulligans available for "scramble" participants.

ENTRY FEES

INDIVIDUAL: \$275

\$175 of the entry fee is tax deductible.

4-PERSON TEAMS: \$1000

\$600 of the entry fee is tax deductible.

SPONSORSHIP PACKAGE: \$1500

(4 PERSON TEAM AND SIGNAGE).

\$1,100 of the entry fee is tax deductible.

Please make checks payable to Whale Trust.

Mail entry form to: PO Box 243, Makawao, HI 96768 or fax to: (808) 572-5701

Questions? Call Marcy at (808) 572-5700 or email mlynn@whaletrust.org



INDIVIDUAL ENTRY FEE: \$275 (\$175 OF THE ENTRY FEE IS TAX-DEDUCTIBLE).

Name _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Format: Best Ball: verifiable Hdcp Index: _____ Scramble: verifiable or estimated Hdcp Index: _____

4-PERSON TEAM ENTRY FEE: \$1,000 (\$600 OF THE ENTRY FEE IS TAX-DEDUCTIBLE).

**SPONSORSHIP PACKAGE – INCLUDES 4-PERSON TEAM, SIGN AND MEDIA RECOGNITION:
\$1,500 (\$1,100 OF THE ENTRY FEE IS TAX-DEDUCTIBLE)**

SPONSOR/COMPANY NAME _____

Name #1 _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Format: Best Ball: verifiable Hdcp Index: _____ Scramble: verifiable or estimated Hdcp Index: _____

Name #2 _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Format: Best Ball: verifiable Hdcp Index: _____ Scramble: verifiable or estimated Hdcp Index: _____

Name #3 _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Format: Best Ball: verifiable Hdcp Index: _____ Scramble: verifiable or estimated Hdcp Index: _____

Name #4 _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Format: Best Ball: verifiable Hdcp Index: _____ Scramble: verifiable or estimated Hdcp Index: _____

PAYMENT: Visa M/C Check Cash

Acct. # _____ Exp. date: _____

CSC code # _____ Billing zip code: _____