



65th Cherry Blossom Festival

A project of the Honolulu Japanese Junior Chamber of Commerce

February 24, 2017 • Pearl Country Club • 11:00 am Registration • 12:00 pm Shotgun Start

Registration Form

I would like to support the 65th Cherry Blossom Festival by purchasing:

Package	Cost	Package Includes
<input type="checkbox"/> QUEEN	\$750	<ul style="list-style-type: none"> • One 3-Man Team • On/Off Par-3 Tickets for Team • Three Mulligans per Team • Five Lucky Draw Tickets per Player • Team Gift Bag • Sponsor Names on Website • Tee Signage • Bento Lunch • Banquet Dinner
<input type="checkbox"/> PRINCESS	\$550	<ul style="list-style-type: none"> • One 3-Man Team • Two Lucky Draw Tickets per Player • Team Gift Bag • Bento Lunch • Banquet Dinner
<input type="checkbox"/> PRIZE DONOR - I wish to make a prize donation to the 65th Cherry Blossom Festival Golf Tournament. Please contact me.		

SPONSOR INFORMATION

CONTACT PERSON <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	TITLE/POSITION
SPONSOR'S NAME (Please indicate how name should be listed in publications)	
ADDRESS	
CITY	STATE ZIP
PHONE	FAX EMAIL
PAYMENT METHOD <input type="checkbox"/> Check made payable to <i>Cherry Blossom Festival</i> Mail to Cherry Blossom Festival, P.O. Box 1105, Aiea, HI 96701 <input type="checkbox"/> Credit Card (email to cbsales@hjjcc.com): <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
CARD NO.	EXPIRATION DATE
NAME ON CARD	SECURITY CODE
SIGNATURE	

PLAYER INFORMATION

		HANDICAP (Max: 24 Men 30 Women)	STAYING FOR DINNER?
1	PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. EMAIL		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. EMAIL		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	PLAYER'S NAME <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. EMAIL		<input type="checkbox"/> Yes <input type="checkbox"/> No