



68th Cherry Blossom Festival

A project of the Honolulu Japanese Junior Chamber of Commerce
Friday, February 21, 2020 • Pearl Country Club • 11:00 am Registration • 12:00 pm Shotgun Start

REGISTRATION FORM

I would like to support the 68 th Cherry Blossom Festival by purchasing:			PAYMENT/ SPONSOR INFORMATION		
<input type="checkbox"/> QUEEN	\$850	Package Includes: <ul style="list-style-type: none"> • One 3-Player Team • Lunch and Banquet • Premium Player Gift Bag • Team Ticket Package • Hole Sponsor 	CONTACT PERSON: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. TITLE/ POSITION:		
<input type="checkbox"/> PRINCESS	\$650	<ul style="list-style-type: none"> • One 3-Player Team • Lunch and Banquet • Player Gift Bag • Two Lucky Draw Tickets per Player 	TEE SPONSOR NAME: (How it will appear on tee signage and in publication)		
<input type="checkbox"/> HOLE SPONSOR	\$200	<ul style="list-style-type: none"> • Tee or Green Signage • Program and Website Recognition 	BILLING ADDRESS:		
<input type="checkbox"/> TICKET PACKAGE	\$75	<ul style="list-style-type: none"> • Two Mulligans • On/Off Par-3 Tickets for Team • "Arms length" Lucky Draw Tickets 	CITY: STATE: ZIP:		
<input type="checkbox"/> PRIZE DONOR - I wish to make a prize donation to the 68th Cherry Blossom Festival Golf Tournament. Please contact me.			PHONE: FAX: EMAIL:		
Order Guidelines: Full payment must accompany each order. Acceptable payments include cash, local check, and money orders payable to Cherry Blossom Festival, Visa and MasterCard. Visa and MasterCard orders can be e-mailed to cbfsales@hjcc.com via this order form. Any cash or checks (along with this order form) may be mailed to the Cherry Blossom Festival at P.O. Box 1105, Aiea, Hawaii 96801. Sales for Golf Teams will end on February 7, 2020 at 11:59 pm HST.			PAYMENT METHOD: <input type="checkbox"/> Check made out to Cherry Blossom Festival <input type="checkbox"/> Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		
			CARD NUMBER: ZIP: EXP. DATE:		
			NAME ON CARD: SECURITY CODE:		
SIGNATURE					

PLAYER INFORMATION		HANDICAP (Max: 24 Men, 30 Women)	STAYING FOR DINNER?
1	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	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	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

MISS POPULARITY CONTEST

Orders submitted using this order form will not be eligible for the Miss Popularity Contest. If you are supporting a 68th Cherry Blossom Festival Contestant, please contact that contestant directly to ensure that your order is applied to the Miss Popularity Contest.

Team Request: