

U N I T Y H O U S E , I N C .
1701 Ala Wai Blvd.
Honolulu, HI 96815

The *Arthur Rutledge*
22nd Annual Memorial Invitational Golf Tournament

DATE: Monday, April 17, 2017
PLACE: Waikele Country Club
FEE: \$160.00
Shotgun Start: **12:00 p.m.** *(Check in between 10:00 a.m. – 11:30 a.m.)*
Participants who check-in after 11:30 a.m. will forfeit their space and Fees

Each participant must complete this application and release & waiver. We will be accepting completed applications with full payments ONLY. Entries & payments will be accepted through the mail. It is your responsibility to check to see that it has been received. Payment due by April 04, 2017.

Make checks payable to UNITY HOUSE, INC.
(Checks returned due to insufficient funds will be assessed a \$25.00 service charge)

We welcome ALL Beneficiaries of Unite HERE Local 5, Hawaii Teamsters Local 996, and Friends of Labor.

***Reminder! Soft spikes only, No outside food or beverages allowed. Beverage cart will be available.

For more information, please contact
Kauai Akana at 945-0050

The *Arthur Rutledge*

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Annual Memorial Invitational Golf Tournament

OFFICIAL ENTRY FORM – *please complete both sides of form*

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Union: _____ FOL: _____

Birthdate: _____ (To verify flight placement)

In case of emergency, please contact: _____ Phone: _____

PEORIA SYSTEM - FLIGHTS (Check one only)

- | | |
|--|---|
| <input type="checkbox"/> "A" Handicap: 0-12 | <input type="checkbox"/> "60 -69" Handicap: 0-30 |
| <input type="checkbox"/> "B" Handicap: 13-19 | <input type="checkbox"/> "70 & Over" Handicap: 0-30 |
| <input type="checkbox"/> "C" Handicap: 20-27 | <input type="checkbox"/> "WOMEN'S" Handicap: 0-36 |

GROUP PAIRINGS

If you would like to form your own **FOUR PLAYER GROUP (for playing purposes only)**, please indicate all names below. All players must return completed entry forms (with payments) **attached together**. A player will not be considered part of a team if his/her form or payment is incomplete or missing. The Tournament Chairman reserves the right to make adjustments with regards to players as well as handicap.

- | | |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

(For office use only) Date: _____ Golfer: \$160.00 CK# _____ CASH Receipt # _____

PLEASE SIGN THE RELEASE & WAIVER ON THE BACK OF THIS FORM

FLIGHT PRIZES MAY CHANGE BASED ON PARTICIPATION

