



July 20, 2023

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Aloha,

The Konawaena Foundation is pleased to announce that we will host our 15<sup>th</sup> Annual Konawaena Foundation Golf Tournament at the Kona Country Club on Saturday, September 9, 2023. This is the Konawaena Foundation's major fundraiser of the year, and we would appreciate your support and kokua.

Konawaena Foundation's sole mission is to enhance the educational opportunities for students at Konawaena High School. Throughout the years we have provided funds for scholarships, special equipment, student projects, and the ROTC program.

**Your support** by becoming a tee sponsor, donating a prize, or playing in the tournament will be greatly appreciated, and will help students and our community.

Sponsorships, prizes and entry forms should be sent to Kona Country Club, 78-7000 Alii Drive, Kailua-Kona, HI 96740 Attn: Peggy Ciriako, by Friday, September 1, 2023.

Should you have any questions, please contact me at 808-228-2791, or you may email me at [kaneko676@hotmail.com](mailto:kaneko676@hotmail.com).

Sincerely,

Steven Kaneko  
Tournament Chair

The Konawaena Foundation is a 501(c) 3 non-profit organization. Our Tax Identification Number is 99-0349985

81-1043 Konawaena High School Road  
Kealahou, Hawaii 96750



**15<sup>th</sup> Annual Golf Tournament**  
*A fundraiser to support Konawaena High School*

**Date:** Saturday, September 9, 2023

**Place:** Kona Country Club

**Time:** 7:00 a.m. Registration  
8:00 a.m. Shotgun Start

**Entry Fee:** **\$150 per person**  
Entry fee includes Green Fees, Cart, 2 Mulligans, Contest Entries and Prizes  
Lunch at Cart Barn following the tournament

**Format:** **Two (2) Person Scramble**  
Each player must hit six (6) tee shots.  
Total handicap allowed per two person team is 48.  
Handicap calculated by averaging the partner's handicaps and taking 80% of that total as recommended by the U.S.G.A.  
Automatic two-putt

**Prizes:** Closest To The Pin contests, gift certificates, and much, much more!

**Entry Deadline: Entry forms must be received by Kona Country Club by Friday, September 1, 2023.**

Name: \_\_\_\_\_ Hdcp: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Hdcp: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail entry and payment to:  
Kona Country Club, 78-7000 Alii Drive, Kailua-Kona, HI 96740, Attn: Peggy Ciriako  
**Make checks payable to: Konawaena Foundation**

**Please call Peggy Ciriako at (808) 322-2595 if you have any questions.**



**15<sup>th</sup> Annual Konawaena Foundation  
Golf Tournament  
September 9, 2023**

**\$1,000.00 Platinum Sponsorship**

- A sign with your company's name located on the tee ground.
- A sponsor list will be distributed to each player with your name listed.
- Four slots will be allotted for you to enter four exempt players.

**\$500.00 Gold Sponsorship**

- A sign with your company's name located on the tee ground.
- A sponsor list will be distributed to each player with your name listed.
- Two slots will be allotted for you to enter two exempt players.

**\$300.00 Silver Sponsorship**

- A sign with your company's name located on the tee ground.
- A sponsor list will be distributed to each player with your name listed.
- One slot will be allotted for you to enter one exempt player.

*Amount enclosed:* ( ) \$1,000.00 ( ) \$500.00 ( ) \$300.00

Make checks payable to: **Konawaena Foundation**

Mail to: **Kona Country Club  
78-7000 Alii Drive  
Kailua-Kona, HI 96740  
Attn: Peggy Ciriako**

Name of Company / Individual Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Our exempt player(s) will be:

1. \_\_\_\_\_ Hdcp: \_\_\_\_\_

2. \_\_\_\_\_ Hdcp: \_\_\_\_\_

3. \_\_\_\_\_ Hdcp: \_\_\_\_\_

4. \_\_\_\_\_ Hdcp: \_\_\_\_\_



## CREDIT CARD AUTHORIZATION

Please complete all fields.

BILLING INFORMATION	
ADDRESS	
CITY, STATE, ZIP	
PHONE #	EMAIL

CREDIT CARD INFORMATION		
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> OTHER		
CARDHOLDER NAME		
CARD NUMBER		
EXPIRATION DATE (MM/YYYY)	SECURITY CODE	BILLING ZIP
Item		Amount
TOTAL		\$

I, \_\_\_\_\_, authorize ***Konawaena Foundation*** to charge my credit card above for agreed upon purchases. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date