

2011 RUN FOR HOPE EVENTS

FRIDAY, SEPTEMBER 2

Wine & Dine



**Food, drink,
entertainment &
silent auction**

6:00 pm - 9:00 pm

Hoku

Amphitheatre

\$85 adults |

\$40 children(5-12)

SATURDAY, SEPTEMBER 3

Golf Scramble

**Shotgun Start at 1:00 pm
\$200 per person**

Tennis Tournament

**2:00 pm - 5:00 pm
\$50 per person**

SUNDAY, SEPTEMBER 4

Run for Hope

10K RUN & 5K RUN/WALK

Starts at 7:00 am

\$25 minimum donation

~EARLY REGISTRATION RECOMENDED~



FOUR SEASONS RESORT

Hualalai at Historic Hā'ipūlehu

EVENT HOTLINE: 808-325-8052
http://fsrh.net/pr/run_for_hope.pdf
Registration forms attached



**UNIVERSITY OF HAWAI'I
CANCER CENTER**

NAME

ADDRESS

PHONE

E-MAIL

CREDIT CARD PAYMENT

CARD NUMBER

EXP. DATE

TOTAL

NAME ON CARD

SIGNATURE

Payment by Check: Make check payable to: Four Seasons Resort Hualālai. Mail check and form to 72-100 Ka'ūpūlehu, Kailua-Kona, Hawai'i 96740. Event questions? Call the hotline at 808.325.8052.



FAX COMPLETED FORM TO:
808.325.8094

14TH ANNUAL TASTE OF HAWAI'I ISLAND

Friday, September 2, 2011

6:00 pm - 9:00 pm - Hōkū Amphitheatre

Feast on the bounty of Hawai'i at this signature culinary event celebrating the culinary artistry of the island's finest chefs and restaurants. The popular silent auction is a highlight of this evening of fun, food, drinks, and live entertainment. Please make reservations by Wed., August 31. Prices subject to change.

_____ Adults @ \$85 each = \$ _____

_____ Children @ \$40 each = \$ _____



HUALĀLAI GOLF SCRAMBLE

~Early registration recommended~

Saturday, September 3, 2011

1:00 pm Shotgun Start

\$200 per person

Enjoy a round of golf on the beautiful Jack Nicklaus Signature Hualālai Golf Course. This is a two-man scramble format tournament. Awards ceremony follows the tournament.

Player #1: _____

Circle T-shirt Size: S M L XL XXL Handicap: _____

Player #2: _____

Circle T-shirt Size: S M L XL XXL Handicap: _____



HUALĀLAI TENNIS TOURNAMENT

~Early registration recommended~

Saturday, September 3, 2011

2:00 pm - 5:00 pm

\$50 per person

Take a swing at eliminating cancer. This is a mixed doubles with inter-changing partners tournament. Awards ceremony follows the tournament.

Player #1: _____

Circle T-shirt Size: S M L XL XXL

Player #2: _____

Circle T-shirt Size: S M L XL XXL



2011 RUN FOR HOPE

Sunday, September 4, 2011

7:00 am Run/Walk Start

Minimum \$25 donation includes free t-shirt

~Early registration recommended~



Run For Hope is a non-competitive 10K Run - 5K Run/Walk event. Proceeds from this event benefit cancer research in Hawai'i. Post Run/Walk gathering includes light breakfast and drawing for door prizes. Prize winners need not be present to win. **Participants must complete this registration form. FAX COMPLETED FORM TO: 808-325-8094.**

NAME

E-MAIL

ADDRESS

TEL.

DATE OF BIRTH or AGE

10K RUN 5K RUN 5K WALK MALE FEMALE T-SHIRT SIZE: S M L XL XXL

WAIVER: In consideration of the acceptance of my application and the permission as an entrant in the Run For Hope at Hualālai, I, for myself, my heirs, executors, administrators, successors, and assigns hereby release, waive and forever discharge Hualālai Investors, LLC, Four Seasons Hotels and Resorts Limited, and all other associations, sanctioning bodies and sponsoring companies and all their respective agents, officials, servants, contractors, and representatives; elected and appointed officers, successors and assigns of and from all claims, demands, damages, costs, expenses, actions, and causes of actions whether in law or in equity in respect of death, injury, loss or damage to my body or my property however caused, arising from or to arise by reason of, my participation in the said event, whether as spectator, participant, competitor, or otherwise; whether prior to, during, or subsequent to the event and I further hereby undertake to hold and save harmless and agree to indemnify all the aforesaid from and against any and all liability connected with my participation in said event. By submitting this entry, I acknowledge having read, understood, and agreed to the above waiver, release, and indemnify, I warrant that I am physically fit to participate in this event.

SIGNATURE OF PARTICIPANT (Parent or Guardian if under 18 years of age)

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY		AMOUNT PLEDGED	AMOUNT RECEIVED
Name:	Tel.:		
Address:			
Name:	Tel.:		
Address:			
Name:	Tel.:		
Address:			
Name:	Tel.:		
Address:			
Name:	Tel.:		
Address:			

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