

# 26<sup>th</sup> ANNUAL HARRY WICKERSHAM GOLF TOURNAMENT



**TITLE SPONSOR**

**JAMES AVERY**  
artisan jewelry



**AUGUST 1, 2019**

## **BENEFITING TEXAS LIONS CAMP CORPORATE SPONSORSHIP REGISTRATION**

\_\_\_ Yes, I (We) want to be included as a SPONSOR in the Golf Tournament benefiting TEXAS LIONS CAMP at Lady Bird Johnson Golf Course in Fredericksburg, Texas. Benefits correspond to the level of the sponsorship/gift as outlined on the attached form.

**Please indicate level of sponsorship:**

- \_\_\_ Title Sponsor (\$25,000) **SOLD**
- \_\_\_ Diamond Sponsor (\$5,000) - *only Two available*
- \_\_\_ Emerald Sponsor (\$3,000) - *only Two available*
- \_\_\_ Platinum Sponsor (\$1,000)
- \_\_\_ Gold Sponsor (\$500)

- \_\_\_ Contributor \_\_\_\_\_
- \_\_\_ In-Kind Donor\* \_\_\_\_\_

\*Please specify dollar value of item donated

**If applicable, please Complete Team Information on reverse side!**

(SPONSOR) Contact Name: _____
Business: _____
Lions Club: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-Mail: _____

<b>HOW NAME/BUSINESS SHOULD APPEAR IN PUBLICITY/RECOGNITION:</b>
_____

**PLEASE MAKE CHECKS PAYABLE TO: Texas Lions Camp, Inc.**

Amount Due \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_ Bill Me \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Authorization Signature: \_\_\_\_\_

Texas Lions Camp is a 501 (c) (3) organization and a portion of your contribution may be tax deductible.  
The charitable deduction is limited to the amount of the sponsorship in excess of the value of the goods and services provided.

**Please Return to:**  
**Texas Lions Camp, Inc - P. O. Box 290247 – Kerrville, TX 78029-0247**  
**Phone (830) 896-8500 - FAX (830) 896-3666**

**HW-CPSPON  
2019**

**TEAM INFORMATION (Applicable to Title, Diamond and Emerald Sponsors):**

**PLAYER 1:** (Office use only - Player # \_\_\_\_\_ Team # \_\_\_\_\_ )  
HANDICAP: \_\_\_\_\_  
Team Contact Name: \_\_\_\_\_ Sponsored by: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 2:** (Office use only - Player # \_\_\_\_\_ Team # \_\_\_\_\_ )  
HANDICAP: \_\_\_\_\_  
Name: \_\_\_\_\_ Sponsored by: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 3:** (Office use only - Player # \_\_\_\_\_ Team # \_\_\_\_\_ )  
HANDICAP: \_\_\_\_\_  
Name: \_\_\_\_\_ Sponsored by: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 4:** (Office use only - Player # \_\_\_\_\_ Team # \_\_\_\_\_ )  
HANDICAP: \_\_\_\_\_  
Name: \_\_\_\_\_ Sponsored by: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_