

**28th ANNUAL
HARRY WICKERSHAM GOLF TOURNAMENT**



**August 5, 2021
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)
- ____ 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: _____

HOW NAME/BUSINESS SHOULD APPEAR IN PUBLICITY/RECOGNITION: _____

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
2021**

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: _____