



**29th ANNUAL
HARRY WICKERSHAM GOLF TOURNAMENT
TITLE SPONSOR**



JAMES AVERY
Forging Hope

**August 4, 2022
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 # _____ Zip Code _____ 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
2022**

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: _____