



31st ANNUAL HARRY WICKERSHAM GOLF TOURNAMENT TITLE SPONSOR



August 1, 2024

Benefitting Texas Lions Camp CORPORATE SPONSORSHIP REGISTRATION

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

Please indicate level of sponsorship:

- Title Sponsor (\$25,000) - SOLD!
Diamond Sponsor (\$5,000)
Emerald Sponsor (\$3,000)
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

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: _____