32ⁿᵈ ANNUAL
HARRY WICKERSHAM GOLF TOURNAMENT
TITLE SPONSOR

JAMES ❈ AVERY
Forging Hope

July 31, 2025
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)-<mark>SOLD</mark>!**
    ____ **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: _____