



Sponsorship Form



SPONSOR OR REGISTER ONLINE AT www.MooreCountyHealthFoundation.net

I/We would like to sponsor the 2024 Sporting Clays Tournament

A. SPONSOR LEVELS (Please fill out Sections "C" & "D")

_									
0	Dove Sponsor (\$1,000)								
0	Quail Sponsor (\$2,500)								
0000	Duck Sponsor (\$5,000)								
0	Pheasant Sponsor (\$10,000+)								
	B. OTHER DO	ONATIONS (Please fill o	out Section "D" for recognition)						
I would like to make a donation to support the event in the amount of \$									
C. SPONSOR / UNDERWRITER INFORMATION									
Sponsor / Company Name:									
Contact Person:									
Address 1:	1: Address 2:								
City:		State:		Zip:					
Contact Phone:	Contact Email:								
	D. SPONSOR	/ UNDERWRITING P	AYMENT INFORMATION						
Type of Payment (circle one): CASH	CHECK	INVOICE US	CREDIT CARD					
For Credit Card Payments—	Is this a company card? If so, pl	ease provide company	name:						
Cardholder Name:									
Card Number:		Exp	iration Date:	Security Code:					
Billing Address (if different from above):			State:	Zip:					
Cardholder Signature:									

Please return this form to:

Moore County Health Foundation

Attn: 2024 Sporting Clays Tournament

PO BOX 782 ~ Dumas, TX 79029

Please make checks payable to: The Moore County Health Foundation

For more information on the MCHF:

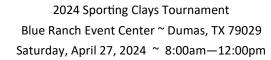
www. Moore County Health Foundation. net

Phone: (806) 934-7804

The MCHF is a 501(c)(3) tax exempt organization #75-2687992

Donations made to the MCHF are tax-deductible to the extent allowed by law











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I/We would like to participate in the 2024 Sporting Clays Tournament as a shooter! A. SHOOTER REGISTRATION (Please fill out Sections "B" and "C")

	Individual Shooter (\$250/	each) QTY	_							
B. PARTICIPANT INFORMATION										
FIRST NAME	LAST NAME	CONTACT PHONE	CONTACT EMAIL	Rotation Preference (1 or 2)	Adult (16+) or Junior (–16)					
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9										
10.										
11.										
12.										
	C. I	PAYMENT INFORMATIO	N FOR PARTICIPANTS							
Type of Payment (circle one): CASH	CHECK	INVOICE US	CREDIT CARD						
For Credit Card Payments—	Is this a company card? If	so, please provide compan	y name:							
Cardholder Name:										
Card Number:		Ex	piration Date:	Security Code:						
Billing Address (if different from above):			State:	Zip	Zip:					
Cardholder Signature:										

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